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ORIGINAL COMMUNICATIONS.

[The Editors of the Medical Examiner publish below the entire Report of the Committee on Surgery, made to the American Medical Association at their last meeting, with the consent of its author, Dr. Norris; deeming its value sufficient apology for the exclusion of several communications, which, however, will appear in their next number.

Their motive in doing this is, that the Report may have a more general circulation among their readers than the comparatively limited distribution of the "Transactions" would give it.]

REPORT OF THE COMMITTEE ON SURGERY.

IN presenting the Report on Surgery, the committee beg leave to state, that in entering upon their duties, they felt themselves under some embarrassment from the terms in which those duties are defined. By our regulations they are directed to prepare a

report on all the important improvements in the management of surgical diseases effected in America during the year. Had they confined themselves to the letter of this requisition, their task would have been a light one. Neither brilliant discoveries, nor any extraordinary improvements in the practice of surgery, have marked the past year. Many suggestive changes indeed are to be found—they are never failing—but all who devote themselves to the treatment of disease are aware how few of these bear the test either of experience or examination.

Though remarkable, as we have said, by no great discovery or very important improvement, yet the past year gives evidence of substantial progress, and in the estimation of your committee, this progress is evinced in nothing so much as in the desire which is everywhere shown to determine the actual value of operative procedures. On this account they have deemed it best to incorporate in their report, along with a notice of the improvements which are known to them to have either originated or been adopted in this country within the year, such results of surgical operations when done on a large scale, as they have been enabled to collect. In pursuing this course, the report necessarily becomes somewhat retrospective, and though the committee, by so doing, have not observed the letter of the law, they, nevertheless, have endeavoured to catch its spirit by seeking after materials from our own practitioners, and dwelling chiefly on improvements not yet generally adopted among us.

In order to collect matter for this report, the committee issued a circular letter, soliciting information in regard to some points of general interest to the profession, as well as of improvements in practice, expecting by this means to obtain facts and statistical data, which, when arranged and classified, might lead to interesting conclusions. So little, however, has been communicated to them, as not to be available for the purposes originally contemplated. Your committee cannot here withhold the expression of a hope that the future Surgical Reports to this Association may be made a repository for the statistical results of operations and modes of treatment, and that they may be more freely communicated than has yet been done.

It is only by collecting together a large number of facts that general conclusions at all approaching to accuracy can be attained, in addition to which, when drawn from the several sections of our widely extended country, as they might readily be, through the medium of a society such as this, they would allow of a comparison of the methods of treatment pursued by different practitioners and institutions, and might shed much light upon the effects of climate, as well as point out the greater or less frequency of particular surgical diseases in various localities.

To arrive, however, at accurate results from statistics, not only the records of several consecutive years are required, but they must also include all the cases of the disease, or operation treated of, which occur in the practice of the institution or surgeon, from which they emanate. They would specify the subjects of fractures and luxations, of amputations, of operations for stone, aneurism, cancer, hernia and cataract, as particularly worthy of statistical investigation.

Among the subjects of inquiry which presented themselves to the committee, none appeared to them more worthy of present attention than those of lithotomy and lithotrity; for, in addition to their practical bearing, it seems to be peculiarly fit at this time, when the attention of our brethren in Europe is again awakened to them, as it has been by the recent discussion of their merits and faults, in a learned body in Paris, that some account of the results of operations done for the relief of stone in the United States should be made known.

The causes which give rise to stone, and the relative frequency or rarity with which it is found in the different parts of our continent, are matters of much interest, and endeavours were made to gain intelligence for this report in regard to them, hoping thereby that something might be elicited to explain the probable local causes of its production. In this, however, they have been disappointed, and until an extensive series of observations can be gathered from the different sections of the country, no accurate knowledge on the subject will be obtained. Deprived as we thus are of any precise information on the matter, it may not be amiss to state, as the general impression of medical men among us, that calculus is rare in New England, more common in the Middle and Southern States, and that it is much more frequently met with in the Valley of the Mississippi than in any other portion of the country. Negroes are thought to be rarely the subjects of it, while in Canada it is said to be not uncommon. For the cure of stone, the cutting operation still continues to be that mostly resorted to, and the lateral operation with the gorget is believed to be the procedure most commonly employed. Nor is this to be wondered at, when the prepossession in its favour, derived from our earliest teachers, joined to the ease and rapidity with which the operation is done, and the fair results which usually follow it, are considered, added to which the unprecedented success that continues to be furnished by it in the hands of the eminent Professor of Surgery, in the Transylvania University, tends perhaps not a little still to popularize it among American surgeons.

In the last account* of the practice of Dr. Dudley which has

* *Western Lancet*, 1846.

reached us, it is stated that up to the beginning of 1846 he had operated upon 185 cases of stone, of which number 180 are reported as successful. This remarkable result, according to Dr. Bush, cannot be attributed to any selection of cases on the part of the operator, since out of 188 subjects presented to him, 185 were cut. Dr. B., who furnishes this report, ascribes these results to the thorough preparation of the general system made by Dr. Dudley, preparatory to the operation, an account of which was detailed some years since, in a paper published by him in the *Transylvania Journal*, and which we can only here refer to.

From communications that have been made to the committee, it appears that Dr. Marsh, of Albany, has operated by the lateral method seven times, all of which were successful.

Dr. Mettauer, of Virginia, states that he has operated by lithotomy on seventy-three cases of calculus, two of which proved fatal. One from prostatic hemorrhage, and the other from the occurrence of spasm of the ileum.

Dr. Jno. C. Warren has operated upon thirty cases, of whom two died; one of these lost his life by an error in diet, the other had a purulent effusion, owing to the great size of the stone, and the force required to extract it. The mode of operating in his fifteen first cases, was by the lateral incision and the gorget. In the thirteen following, by the knife, and in the three last by the bi-lateral method.

Dr. Eve, of Georgia, has operated eight times, including one female, all of which were successful. Dr. Mussey, of Cincinnati, informs us that he has cut thirty-two patients for stone, all of which cases have been successful but two.

From the Pennsylvania Hospital your committee have procured a tabular statement, which is herewith submitted as a part of their report, of all the patients cut in that Institution from its foundation in 1752 to the 1st of May, 1848, which, though in some respects imperfect, is nevertheless valuable, as exhibiting the largest mass of experience in calculus, which has yet been furnished by any American Institution.

NO.	NAME.	ADMISSION.	DISCHARGED.	RESULT.
1	Ann Fust	October 22, 1756	January 12, 1757	Cured
2	James Miller	August 29, 1759	October 10, 1759	Cured
3	James Clark	April 14, 1763	September 5, 1765	Cured
4	James Child	May 4, 1765	June 19, 1765	Cured
5	John Harper	August 23, 1765	October 16, 1765	Cured
6	Jeremiah Tracy	October 2, 1765	April 2, 1766	Cured
7	Ann Coyle	June 27, 1782	July 10, 1782	Cured
8	Michael Fisher	November 10, 1786	Dec. 12, 1786	Cured
9	Jacob Felkner	November 29, 1788	April 30, 1789	Cured
10	James Bennet	September 1, 1792	November 28, 1792	Cured
11	James Fox	March 20, 1798	April 7, 1798	Cured
12	Abner Lamb	January 1, 1800	January 21, 1800	Died
13	James Shaw	August 31, 1801	Sept. 31, 1802	Died
14	John Garraghan	May 13, 1802	June 16, 1802	Cured
15	Isaac Vanderwalker	June 6, 1804	August 22, 1804	Cured
16	John Brebaker	May 9, 1809	June 29, 1809	Died
17	Joseph Bently	November 6, 1809	June 15, 1810	Cured
18	Thomas M'Dowell	March 27, 1810	April 23, 1810	Cured
19	George Wall	November 7, 1810	February 7, 1811	Cured
20	John Brown	November 13, 1811	January 25, 1812	Cured
21	Francis Welsh	February 22, 1812	April 25, 1812	Cured
22	Wm. P. Price	April 29, 1813	May 15, 1813	Died
23	Needham Bryan	May 12, 1813	August 4, 1813	Cured
24	Nathan Cattell	November 4, 1813	January 22, 1814	Cured
25	Gideon Goodwin	September 21, 1814	Dec. 10, 1814	Cured
26	Shadrach Mears	June 17, 1815	August 21, 1815	Cured
27	James Parker	July 6, 1816	August 1, 1816	Died
28	Jane Maise	September 1, 1816	Nov. 15, 1816	Cured
29	Claiborne Laughlin	June 21, 1817	August 1, 1817	Cured
30	Thomas Allen	June 22, 1817	August 30, 1817	Cured
31	Isabella Berry	June 29, 1818	August 5, 1818	Cured
32	James Moss	October 14, 1818	January 26, 1819	Cured
33	Richard Harris	December 5, 1818	April 15, 1819	Rel'vd
34	Penrose Fuhr.	December 7, 1819	February 5, 1820	Cured
35	Samuel J. Herron	December 8, 1819	January 31, 1820	Cured
36	Isaiah Baptiste	September 9, 1823	October 25, 1823	Cured
37	Edward Robuck	September 23, 1823	January 7, 1824	Cured
38	Samuel Austin	February 22, 1824	April 5, 1824	Died
39	Osmin Harris	December 30, 1824	February, 1825	Cured
40	Abraham Margerum	November 14, 1825	January 2, 1826	Cured
41	James Barber	April 14, 1826	June 9, 1826	Cured
42	John Chandler	July 21, 1828	Nov. 15, 1828	Cured
43	Samuel Suter	December 20, 1828	Dec. 29, 1828	Died
44	Charles Lex	January 21, 1829	March 28, 1829	Cured
45	Samuel M'Donald	April 2, 1829	July 6, 1829	Cured
46	Michael Engles	October 24, 1829	Nov. 28, 1829	Died
47	Robert Fry	September 23, 1829	April 3, 1829	Cured

NO.	NAME.	AGE.	ADMISSION.	DISCHARGED.	RESULT.
48	William Eastwood	6	April 28, 1832	June 2, 1832	Cured
48	Houston Sigman	4	Sept. 10, 1832	Nov. 1, 1832	Cured
50	Joseph Purlz	3	October 1, 1832	October 28, 1832	Died
51	Grayson Nelson	14	April 30, 1833	July 3, 1833	Cured
52	Henry Thorp	19	Nov. 7, 1833	January 1, 1834	Cured
53	Peter Spyers	17	Feb. 8, 1834	July 19, 1834	Cured
54	Daniel Gillan	6	May 31, 1835	August 5, 1835	Cured
55	James Driver	16	June 14, 1835	July 29, 1835	Cured
56	Stephen Black	6	Dec. 22, 1835	Feb. 9, 1836	Cured
57	Ellen Clinicy	10	Feb. 29, 1836	May 11, 1836	Cured
58	Robert Thomson	24	March 17, 1836	June 16, 1836	Cured
59	William M'Elroy	12	January 14, 1836	March 4, 1837	Cured
60	Samuel Darby	16	April 3, 1836	July 18, 1836	Cured
61	Anthony Stresler	43	October 25, 1837	January 23, 1838	Cured
62	Bernard M'Kenna	7	Dec. 15, 1838	Feb. 22, 1839	Cured
63	John Hughes	4	January 19, 1839	Feb. 6, 1839	Cured
64	John Ransley	2	March 20, 1839	June 6, 1839	Cured
65	John Hughes, 2d	5	Nov. 11, 1839	Dec. 4, 1839	Cured
66	John Ramsey	3	January 8, 1840	Feb. 22, 1840	Cured
67	W. R. Patterson	3	May 5, 1840	June 5, 1840	Cured
68	William Bradley	8	Nov. 11, 1840	May 20, 1840	Cured
69	Thomas Carlin	4	Dec. 30, 1840	Feb. 6, 1841	Cured
70	James Wharton	4	January 10, 1842	April 14, 1842	Cured
71	Morgan Morgan	5	August 27, 1842	October 24, 1842	Cured
72	John M'Intyre	3	Sept. 21, 1842	March 11, 1842	Cured
73	John M'Connell	3	May, 1843	July 1, 1843	Cured
74	William Houston	3	May, 1843	June 21, 1843	Cured
75	Henry Huey	5	Sept. 19, 1843	October 11, 1843	Cured
76	C. C. Goldsborough	21	October 31, 1843	January 15, 1844	Cured
77	Thomas Hibbert	3	October 22, 1844	Dec. 2, 1844	Cured
78	Samuel Jarvis	4	Dec. 2, 1844	Dec. 13, 1844	Died
79	John O'Neill	11	Dec. 17, 1844	Feb. 5, 1845	Cured
80	Charles Ross	41	August 18, 1845	October 22, 1845	Cured
81	James Furphy	4	Sept. 17, 1845	Nov. 8, 1845	Cured
82	John Sharkey	14	Sept. 18, 1847	October 29, 1847	Cured
83	John Beck	10	January 26, 1848	May 3, 1848	Cured

From this table, it appears that during the period mentioned, 83 cases underwent the operation of lithotomy, which, it is believed, was invariably by the lateral method, and except in a few instances of very young children, by means of the gorget. Of this number, 72 were cured, 10 died, and 1 is set down as relieved.

A few among us have resorted to the bi-lateral method, and within a few years the profession have been favoured with valuable papers on modifications of it by Drs. Warren and Stevens. So far as your committee can ascertain, the first operation in our country by this method was performed by Dr. Wm. Ashmead, of Philadelphia, in 1832, nearly eight years after it was brought prominently into notice by Dupuytren at the Hotel Dieu of Paris. The case proved

successful, and in that and the succeeding years, the same gentlemen operated upon three other patients. Dr. Ogier, of Charleston, repeated the operation in 1835, without any knowledge of its having been previously done in the country, and since that period it is known to your committee to have been practiced by Dr. Stevens, Eve, the Warrens, Mussey, May, Watson, Hoffman, Post and Pancoast.

Lithotripsy, too, continues to have its advocates, and though during the past year no extended notice of it has been met with, yet it is not to be inferred that it is without warm advocates, or fails to occupy the attention of our practitioners and teachers. We know, on the contrary, that earnest endeavours are still making to relieve calculous patients by this means, and have reason to think that in portions of the country the operators by this method may be said to be on the increase.

It was intended to have included in this Report, a brief history of the introduction, progress and present condition of the crushing operation among us, accompanied with an extensive statistical table of cases of lithotripsy, which would have permitted of some comparison being made between its results, and those derived from the cutting operation. In consequence, however, of the lamented death of one of their colleagues, Dr. Randolph, who had engaged to furnish important materials and aid in this inquiry, the committee have been unable to accomplish their design. That gentleman, as is well known, was one of the earliest who adopted the method in our country, and by his exertions in teaching, and skill in the performance of the operation, did much to introduce it generally among us, and it is to be regretted that the fruits of his extensive experience, and a statement of his reverses and success, which latter is said upon competent authority never to have been excelled, had not been completed by him.

As indicative of an actual advance in the science of surgery, there is no subject which it more gratifies your committee to notice, than that of the treatment of aneurism by compression. Compression of the vessel between the aneurismal tumour and the heart, it is well known, was long ago employed, and examples of true aneurism of the lower extremity, radically cured by this means, are recorded; yet as the principle on which the treatment should be conducted was not then understood, much distress was occasioned by it, many failures occurred, and the practice fell into disuse. Scarpa emitted the opinion that it was by exciting adhesive inflammation in the internal coat of the vessel, that pressure effected the cure, and the same doctrine was afterwards held by our own experimenter, Jameson; but the recent and accurate observations of the Dublin surgeons, particularly of Mr. Bellingham, show that obliteration of the vessel by its inflammation

and consequent effusion of lymph is not requisite for the cure, and have, as we think, satisfactorily proved, that for the cure of aneurism by compression above the sac, an absolute interruption to the circulation through the vessel is not demanded—the process of cure, when it occurs, being identical with that by which nature sometimes spontaneously effects it; viz., the gradual deposition of the fibrine of the blood in the sac until it is completely filled up, and no longer permits the entrance of that fluid. The practical deduction from this principle is, that the pressure need not be so great as entirely to interrupt the circulation at the point compressed, and that in fact our object may be attained by simply diminishing the current, and thus favouring the deposit.

In 27 cases, which are related in the valuable communication of Mr. Bellingham, from the practice of seventeen surgeons, 24 were cured. One died suddenly from disease of the heart, forty-eight hours after pressure had been removed, all pulsation in the aneurism having ceased. In another case the operation was done at the request of the patient after the pressure had been continued for a fortnight, and in the third, pulsation continuing some time after compression was resorted to, a galvanic current was passed through the sac, and was followed by erysipelas and death.

The ages of the patients operated on, varied from twenty-three to fifty-five years. The greatest length of time required for the cure in the above 24 cases was 106 days; the shortest, two days. The average duration of treatment was nearly thirty-nine days. Of the whole number of cases, three were femoral, and the rest popliteal aneurisms, and the case followed by death, as well as those in which the treatment failed, belonged to this latter class.

As to the instruments used in applying pressure, their shape and construction are matters of comparatively little importance. The essential points in an instrument for compression are: that it should admit of being readily applied: that its principle should be so simple as to be understood by the patient, and that it should effect the object intended with as little inconvenience as possible. A broad soft pad, Mr. Bellingham thinks, will generally be found to answer best, and the counter-pressure ought to be distributed over a large surface. As to the sites at which the pressure may be applied on the lower limb, either the point where the artery crosses the horizontal ramus of the pubis; between Poupart's ligament and the point at which the saphena joins the femoral vein; from the middle third of the thigh, down to the opening through which the artery passes to the back of the limb, are any of them eligible situations for it. In regard to the degree of

compression, it at first ought always to be light; after a time, when tolerance is established, it may be increased to the degree we consider necessary; but, as before observed, Mr. Bellingham thinks it need never be so great as to interrupt completely the circulation in the artery at the point upon which it is applied.

In this country true external aneurisms are not common. Your committee are cognizant of but five instances in which the treatment by pressure, as now recommended, has been made use of in the lower extremity. All but one of these have occurred within the past year, and the details of them have been kindly furnished by the operators for this Report.

These cases have been treated by Drs. Buck, Rodgers, and Watson, of New York, Knight, of New Haven, and Mütter, of Philadelphia.

The first case was one of femoral aneurism, in which pressure was fairly tried and did not succeed, and it became necessary at last to resort to the operation by ligature.

The instance which occurred to Dr. Rodgers was that of a negro seaman, aged 47, who, two months before, observed a swelling in the popliteal region, which arose after a fall. The tumour was of the size of a duck's egg, and the symptoms of aneurism were well marked. He entered the New York Hospital, and on the 15th of January, 1847, pressure was made upon the artery near the groin by means of an arterial compressor. This was continued till the 12th of February, but it being found impossible to effect the desired object with it, Dr. Rodgers substituted another, consisting essentially of a metallic plate placed upon the inner side of the thigh over the vessel, having three holes at short intervals through which screws passed, each having at one of their extremities a firm pad, and at the other a projection to which a key was adapted, by means of which pressure could be made upon the femoral artery at the different points. This metallic plate was secured over the artery by means of broad straps attached to a sliding plate of steel, secured in a metallic bar, applied longitudinally to the back of the limb.

Soon after the adjustment of this instrument, it was ascertained that the patient loosened the screw in the absence of his attendant. He was now watched night and day for three days, by the end of which time all pulsation in the tumour was entirely arrested. The swelling gradually subsided to half its original size. The only inconvenience experienced by the patient was a numbness of the limb, upon the first removal of the instrument, but this soon left him, and he was discharged cured on the 13th of April.

The case of Dr. Watson was one of femoral aneurism, treated also at the New York Hospital. The subject of it was an intemperate Irish woman, aged 38. The tumour, which was

hard and painful to the touch, had existed for a month, and extended from the upper and inner third of the thigh to within a finger's breadth of the internal condyle of the femur, and at the point of its greatest circumference, reached from the inner border of the rectus muscle to the middle of the outer side of the thigh.

At midday, on the 23d of September, 1847, pressure was made by means of two pads secured to circular straps over the artery, with counter-compresses on the outer side of the thigh, the pressure produced being regulated by a screw which acted directly upon the pads over the vessel. The first compress was fastened over the artery just as it emerges from beneath Poupart's ligament, the second, a short distance below it, and both were so arranged as partially to control the circulation in the tumour, the pressure being regulated by alternately tightening one compress and slackening the other, in order to prevent abrasion of the integument. On the 24th the patient was restless; on the 25th she complained greatly of cramp and pain in the leg, which was much swollen, to relieve which a roller was applied, and the limb elevated on a pillow.

By the 26th all pulsation had left the tumour. The upper compress was now removed—sixty-eight hours having elapsed from its first application, and very slight pressure was kept up by means of the lower one. No return of pulsation followed the removal of the compress, and in an hour afterwards the lower pad was also taken away. The skin beneath the upper compress had become somewhat abraded by the pressure, which required the application of a poultice, and subsequently simple dressings for a few days.

On the 28th no pulsation could be detected in the tumour, or in the femoral artery below the point, upon which the upper pad had rested.

By the 28th of October the tumour had much diminished in size, and become softer.

On the 12th of November, nearly two months subsequent to the commencement of the treatment, she left the hospital well, the tumour still gradually becoming smaller. There was no pulsation to be detected in the anterior or posterior tibial arteries, or at any point below the giving off of the profunda, and the femoral artery itself below that point was felt like a solid cord beneath the integument.

The case furnished by Dr. Mütter was that of a book-keeper, aged 41, whose general health was feeble, and who, six weeks previous to the 24th of September, 1847, had been seized with stiffness in the right ham, which was soon followed by a pulsating tumour of the size of a turkey's egg. After a few days' rest in the

horizontal position, his treatment was commenced by applying a roller to the limb in order to prevent swelling, and the application of one of Charrière's compressors, with a small oval pad over the femoral vessel where it passes down to become popliteal, and another similar compressor with a larger pad over the artery at the upper third of the thigh. The limb was then placed upon an inclined plane. After remaining in this position for twelve hours, the lower compressor was tightened until all pulsation ceased in the tumour. The pain produced by this procedure was severe, and could only be borne at first for half an hour. When it became insupportable, the upper compressor was screwed down, and the pressure from the lower one removed. The patient supported the pressure above for two hours without much difficulty; it then became annoying, and in order to relieve the suffering, the lower compressor was again tightened.

By thus alternating the points to which it was applied, the necessary amount of pressure was kept up without excoriation, or any other injurious consequence resulting, and from the peculiar construction of the instruments, and the previous application of the roller, the swelling of the limb was trifling. During the treatment, the diet of the patient was restricted, and digitalis was administered to him.

By the twelfth day the tumour was reduced to about half its original size; had become solid, and was free from pulsation. Notwithstanding these circumstances, Dr. Mütter did not consider it safe to allow his patient to move about, or even to relax the treatment, but continued to pursue the same course, with slight modifications, for six weeks longer. At the expiration of this period, the tumour had nearly disappeared, the collateral circulation was fully established, and the disease radically cured.

Dr. Knight's case, which is peculiarly interesting, from the novel manner in which the pressure was made, and quickly effected a cure, was that of a mulatto man, aged 48, in whom a popliteal aneurism had existed for several months. The aneurismal tumour, which was well marked, filled up the whole popliteal space. The leg was very painful and œdematous. After the œdema was removed by rest, and other appropriate treatment, pressure on the artery, by means of the hoop tourniquet, the calliper shaped instrument, the common tourniquet, guarding the limb against pressure of the strap by encasing it with thick sole-leather, and by a variety of other mechanical contrivances, was fairly tried. By whatever instrument, however, the pressure was made, and however carefully it was guarded, whether continued on one point only, or shifted from one part of the artery to another, the pain became in a short time so severe that it could not be endured. The pain complained of was not in the part pressed upon by the

instruments, but was felt equally in the thigh and below the knee, and occurred whether the limb was left uncovered or was enveloped in a roller. It usually began in twenty-five or thirty minutes after the pressure was made, and became intolerable in fifteen or twenty minutes longer, and could be continued in no instance beyond one hour. These efforts were persisted in for eight or ten days, and as nothing had been gained at the end of that time, were abandoned. Before resorting, says Dr. Knight, to the ligature of the artery, I concluded, with the concurrence of his physician, Dr. Tyler, to try manual pressure upon the vessel. "To accomplish this, a sufficient number of assistants were procured from the members of the medical class, who cheerfully offered their services. They were divided into relays, two keeping up the pressure for five or six hours, relieving each other every hour or half hour, and these succeeded by two others. Sufficient pressure to arrest the pulsation in the tumour was found to be most easily made with the thumb or fingers, without a compress, upon the artery as it passes over the os pubis, and the direction given to the assistants was to keep up this amount of pressure as nearly continuously as possible." This treatment was commenced at 3 o'clock, P. M. No pain of consequence was produced by it for five or six hours, and then it was not severe, and was quieted by the eighth of a grain of morphia once or twice repeated. About eight hours after the pressure was applied, the temperature of the limb was diminished, and it appeared shrunken in size. Upon removing the pressure from the artery at 11 o'clock of the following day—twenty hours from the commencement of the treatment, the tumour was found to have diminished very little, if at all, and pulsated as strongly as before; but the tibial arteries could not be felt. The treatment was continued. Upon examining the parts the next morning, forty hours after the treatment was begun, the tumour was found to be nearly one-third less in size, firm and unyielding on pressure, and entirely without pulsation. All treatment was then discontinued. The femoral artery pulsated with its usual strength in the groin, and distinctly as far as its passage through the tendon of the adductor muscles. Between this point and the tumour it could not be felt. Several of the anastomosing arteries, especially one upon the inside of the limb, could be distinctly traced passing over the knee, pulsating strongly, and enlarged in size. From that time to the present—a period of more than four months—no change has taken place in the limb, except that the tumour has gradually diminished, so as now to be scarcely discoverable, and that the leg, which was at first cold and weak, has nearly regained its natural temperature and strength.

Within the past year another instance has been reported, in

which a ligature was placed upon the common iliac artery for aneurism, by Dr. Lyon, of England. The bold and successful precedent for this, it will be remembered, was first done by Dr. Mott, of New York, in 1827. In 1812 the common iliac was tied, in a case of gun-shot wound, by Dr. Gibson. The patient lived thirteen days after the operation. Since this period, the case just alluded to makes the eighteenth in which the operation has been performed, of which eight have proved successful, and ten have died. The aim of this Report being to show results, rather than to give the details of operative procedures, particularly when not done among us, a bare mention of this fact will suffice. In connection with it, it may be interesting to notice the final issue of the instance in which this artery was last tied in this country. The operation was done by Dr. Peace, at the Pennsylvania Hospital, and the details of it published in the *American Journal of Medical Science*, for 1843. The subsequent history of it now given, has been furnished to the committee by the operator. The artery was tied August 29th, 1842, and the patient was discharged cured on the 8th of October. Five months after it was done, the tumour, which had been very large, was found to be hard, was greatly reduced in size, and continued free from pulsation. He returned to a laborious occupation, and in November, 1843—fifteen months after the operation—his attention was directed to a re-appearance of the tumour. He now presented himself to his surgeon, who found it soft, fluctuating, and of the volume of a small orange, with the integuments covering it discoloured. He was re-admitted into the hospital, and in a few days ulceration took place, and he died after repeated hemorrhages. After his admission, ligature of the aorta was suggested, with a view of prolonging life, but it was found that pressure on this great trunk at its lower part did not arrest the flow of blood, and was, of course, abandoned. The pelvis, which was bequeathed to Dr. Peace, is now in his possession, and shows that the ligature had been placed upon the iliac vessel just above its bifurcation—a point at which it was perfectly sound—and that the hemorrhage was due to the return of blood into the tumour by the collateral vessels. These vessels being given off by the aorta, above the point at which it is prominent upon the vertebræ; and where it had been compressed in the examinations which were made.

That a ligature may be placed upon the aorta, there are recorded observations to attest: that it will ever be followed by any lasting benefit, there is every reason to doubt. Cooper's patient having died in forty; James' in three, and Murray's in twenty-three hours after it was done. As adding, however, to the list of cases, which show that the collateral vessels are fully able to carry on vigorously the circulation after its complete obliteration, a case which has

been detailed by Dr. West, in the No. of the *Transactions of the Philadelphia College of Physicians* for February of the present year, is worthy of notice. The subject of it, who was aged 32, and died suddenly from the rupture of an internal aneurism, was remarkably muscular and athletic, with the superior half of his body more developed than the lower. The interesting feature of the case, for our purposes, was, that in tracing the aorta beyond the origins of the great vessels, its cavity was found to be *entirely obliterated* immediately beyond the ductus arteriosus. At the point of obliteration, it presented a well defined and regular contraction, which looked as if it had been produced by a ligature thrown around the artery. Beyond this, the vessel resumed very nearly its natural dimensions, and so continued throughout its course. It gave origin, in its whole length, to the usual branches; the upper pair of intercostals coming off immediately below the stricture. The internal mammary arteries, which pursued their course along the thoracic parietes in a very tortuous manner, were fully as large as the internal iliacs, and so were the epigastrics; these vessels constituting the main channels for keeping up the connection of the circulation above and below the aortic stricture.

From answers that have been received to the circular letter of the committee, some facts have been communicated for the Association, which they will now endeavour to give, as far as possible, in the language of their correspondents. Dr. March, of Albany, describes what he believes to be an easy and prompt mode of effecting the radical cure of hydrocele. His operation consists in using a pretty large sized round trocar, by which the puncture is made, and through the canula of which the water is permitted to flow out. The canula is to be kept still in the sac, and through it a camel's hair pencil, dipped into a solution of the iodide of potassium is to be passed, and the whole inner surface of the tunic painted over, which may require the pencil to be armed with the solution three or four times. He adds, that he has operated in this way in a number of instances with complete and most satisfactory success.

Dr. Horner, of Philadelphia, in his communication to the committee remarks, that he has found the treatment of hydrocele rendered much more certain by the introduction of a few threads passed through the tunica vaginalis from the bottom to the top, even where the process by injection is the main feature of the case. His experience has shown him that no injection is to be wholly relied on, unless in connection with subsequent treatment. The effect of any irritating injection into the tunica vaginalis, he observes, is not only to produce a secretion of lymph, but also of serum, and if the latter accumulates, it will of course keep separated the opposed sides of the tunica vaginalis, hence a common cause,

perhaps the most frequent, of failure in all injections. This obstacle, he adds, may be very easily overcome with four or five threads of silk, which will carry off the serum as fast as it is secreted, and thus allow the two surfaces of plastic membrane to touch and coalesce.

Dr. Brainard, of Chicago, has forwarded for the consideration of surgeons, some practical remarks in reference to the treatment of extensive suppuration by astringent and stimulant injections into the suppurating cavity. In these cases, free openings, and washing the surface within with a solution of ʒij of alum, and ʒi of sulphate of copper to the pint of water, will check its progress, diminish the quantity, and improve the quality of the pus. He is inclined also to think that the practice prevents purulent absorption, and by exciting inflammation, limits its spread among the tissues. The same application he has found useful on the surface of large stumps where the pus is abundant and offensive.

Dr. Brainard also advises us that he has lately used iodine injections in serous effusions. "Having noticed," he says, "the rapidity with which patients often sunk after puncture of ascites, spina bifida, &c., I formed the opinion that such treatment was wrong, and determined to try injections. Having occasion soon after to treat a case of spina bifida, in the Chicago Hospital, in a child about 13 years old, in whom the tumour was situated at the top of the sacrum, being nine inches in circumference, and about three inches in height, with thin walls, I determined to inject into the sac a solution of iodine, with a view of exciting inflammation and procuring absorption. This was done on the 2d December, 1847, in the following manner. A small puncture was made with a lancet half an inch from the base of the tumour, and a trocar of the size of a knitting needle carried obliquely into the sac. Through the canula of this, a solution of gr. i. of hydriodate of potash, with gr. ss. of iodine, in a fluid-drachm of water, was thrown into the sac, and the instrument withdrawn without allowing the serum to escape. A sharp pain followed, which soon subsided, and compresses were applied to prevent the escape of fluid. After the operation the tumour became red, tense, and tender; but these symptoms soon gave place to a remarkable flabbiness and contraction. By the 27th of December it had diminished to about half its former size. At this date a second injection was used of half the strength of the first, which produced but little heat or pain, and the compression was continued. On the 15th January, 1848, so much of the fluid was absorbed as to render it easy to press it down almost to a level with the surrounding parts, the skin was lying in wrinkles over it, and the bony opening could be distinctly felt. Since the last date a third injection has been made without any unpleasant result. Dr. Brainard thinks that the injection of a solution of iodine, (so far as

a single case can be taken as a guide,) is attended with but little danger, and may be capable of curing hydrorachitis.

Dr. Jno. C. Warren writes, that in the treatment of fractures of the condyles of the os humeri, a course is usually recommended which he believes to be hurtful, inasmuch as it favours the worst consequence of the injury, namely, loss of motion in the joint. The common practice, he observes, in the treatment of these cases, is to apply angular splints destined to prevent motion, and in about two weeks, to make passive movements for the purpose of preventing the adhesion of the fractured portions in such a manner as to impede the free action of the joint. By this mode of treatment, the fractured piece becomes sufficiently fixed to create partial ankylosis; and there is so much pain afterwards in the proposed passive movements, as to cause the omission of these measures, until permanent stiffness takes place. The proper course in the management of these accidents, he conceives, to be—1st. To apply no splints, but in the earlier days to make use of the proper means to prevent inflammation. 2d. To accustom the patient to early and daily movements of flexion and extension. 3d. When the action of the joint becomes limited, to overcome the resistance by force, and repeat it daily until the tendency of the joint to stiffen ceases.

The accomplishment of this process, he adds, is so very painful, that few patients have courage to submit to it, and few surgeons firmness to prosecute it. The consequence has been, that in a great number of cases the use of the articulation to a greater or less extent has been lost. The introduction of etherization by preventing the pain, gives us, in the opinion of Dr. Warren, the means of overcoming the resistance. By its aid, he has restored the motion of a considerable number of ankylosed elbows, and has successfully applied the same measures to other joints, particularly to the shoulder and knee. This has now become his settled practice, with the results of which he is entirely satisfied. The inflammation consequent upon the forced movements of an ankylosed joint, is not to be lost sight of. By a reasonable abstraction of blood and other anti-inflammatory treatment, he has never found it alarming.

Within a year or two past, attention has been, in a particular manner, directed to derangement of the cerebral functions following ligature of the common carotid artery. These cerebral symptoms are attributable either to cutting off the direct supply of blood to the brain, or to disease consequent upon the altered condition of the circulation in that organ. Nearly one-fifth of the recorded cases of the operation in question, are found to have exhibited it in a greater or less degree; and the frequency of its occurrence has been singularly overlooked by practical surgeons. Two cases

have been forwarded to the committee by Dr. Mettauer, of Virginia, in which it was observed: in these the vessels were taken up, in one instance, for an anastomosing aneurism of the antrum and nasal cavities, and in the other for the cure of a false aneurism. Both patients had lost large quantities of blood previous to the operations. In each case partial hemiplegia of the opposite side to the artery which was ligatured, was noticed in a few hours, and was followed by delirium and convulsions. In one of the instances, death occurred on the 8th, and in the other on the 10th day.

Autopsic examinations showed softening of the medullary substance on the side opposite to that on which the vessel was tied, while the hemisphere corresponding to it was healthy, though pale and bloodless.

Needle found in the Heart after death. Reported by JOHN NEILL, M. D., Demonstrator of Anatomy, in the University of Pennsylvania.

Upon the dissection of a black male subject, brought into the anatomical room about the middle of December, my attention was directed by a student to a foreign body in the heart. At first, I supposed that it might have been introduced after death, accidentally dropping into the cavity of the pericardium, during the process of stitching after injection; but upon more careful examination of the surface of the heart, no orifice was detected by which it could have entered. I removed the heart and placed it in alcohol, in order to examine it with care.

The pathological condition of the contiguous viscera could not be made out very satisfactorily, on account of the length of the period which had elapsed since death, and from the fact, that an antiseptic injection (chlor. of zinc) had been used, which destroys colour, and coagulates albumen; there were, however, marks of chronic disease evident, in adhesions of the pleura and serous pericardium; there was also evidence of peritoneal inflammation.

After the heart had been hardened in alcohol, and cleanly washed of clots, I found imbedded in the external wall of the left ventricle, a broken needle, with its point directed forwards towards the apex of the heart; it was much oxidized, and could not be moved from its position, until the cyst containing it was split up. The broken

end encroached upon the cavity of the ventricle, being actually contained in one of the columnæ carneæ; the needle was two inches in length, and a line in thickness, belonging to a variety called *worsted needles*.

In the Medical Examiner for May, 1843, Dr. Leaming reports a case of a seamstress, who had accidentally driven a needle, which was sticking in her dress, forcibly into her breast, by striking a table. In a month she had pleurisy, and subsequently pericarditis and pneumonia, and at the end of nine months she died. The post-mortem examination revealed lesions, corresponding with the symptoms; the body of the needle was found imbedded partly in the wall of the right ventricle, and partly in the ventricular septum, whilst the point projected for a quarter of an inch into the cavity of the left ventricle.

In the summary of the American Medical Journal, a case is copied from the Archives Gènèrales, 1842, in which a soldier introduced two needles into his heart, and was brought screaming into the hospital at St. Petersburg; he had a hard, quick pulse; anxious countenance; copious perspiration; distressing cough, and tumultuous action of the heart; in nineteen days he died; and upon examination after death, it was discovered that the needles had passed through the heart, and lodged in the lower part of the left lung, where they were found in an abscess. The whole track was easily recognized by the marks of inflammation.

In the Annalist for November, 1847, Dr. Graves records a case of attempted suicide. A man pushed a needle into his heart, expecting instant death, as in the instance of Admiral Villeneuve, after the battle of Trafalgar; but being disappointed in the immediate effect, he undertook to cut his throat, which also failed; the vessels having been secured, and the wound dressed by his medical attendant. After reaction had taken place, he had great suffering; every breath being attended with a scream; the physician discovered the puncture made in the skin by the needle, and dissected through the intervening structures, until he "could distinctly see the heart pulsating with the needle in it." "With the aid of a pair of forceps, I extracted the needle, and it was followed with a forcible stream of blood." "He continued to improve up to the sixth day, when he was attacked with pleuritic pains, and inability to swallow; and died on the eighth day after the needle was taken

from the heart." *Post-mortem*.—"On opening into the left ventricle, where the needle entered the cavity, there was a small membranous sac, about the size of a pea, formed in the left ventricle, which contained pus."

NOTE.—I learn, through the politeness of Dr. Klapp, physician to the Moyamensing prison, that this man was admitted May 11th, 1847, in rather feeble health; but continued to work for more than a year before complaining of any inconvenience about his chest. When removed to the infirmary, he had severe cough, with some slight constriction in breathing, and occasional palpitation. These symptoms, though never very urgent, continued until his death. Though never delirious, and able to answer questions to the last, he never spoke of having received any injury of the kind, and had never manifested any suicidal tendency.

PENNSYLVANIA HOSPITAL.—*Surgical Wards.*—*Service of* DR. NORRIS.

Cases admitted since December 15th, 1848.

Abscess 4, burns and scalds 4, cataract 1; fractures, simple, 6 : viz.: leg 2, arm 2, fore arm 1, hand 1; compound 6, viz.: leg 1, hand 1, foot 1, skull 2, upper and lower maxillæ 1; frosted feet 1, gonorrhœa 2, hernia (reducible) 1, hydrocele 1, inflamed hand 2, inflamed testicle 1, paronychia 1, phymosis 2; syphilis, primary, 4, secondary 2; ulcers 7, varicose veins 2; wounds 13, viz.: contused 6, incised (of abdomen) 1, gun shot 1, lacerated 3, punctured 1. Total 59.

Discharged since December 15th, 1848.

	Cured.	Relieved.	Died
Aneurism, (inguinal) - - -	1	0	0
Balanitis, - - - - -	2	0	0
Burns and scalds, - - - -	2	0	2
Chron. conjunctivitis, - - -	0	1	0
Diseased foot, - - - - -	1	0	0
Fractures, simple—			
Thigh, - - - - -	1	0	0
Leg, - - - - -	1	0	0
Patella, - - - - -	1	0	0
Fore arm, - - - - -	5	0	0

	Cured.	Relieved.	Died.
Fractures, compound—			
Skull, - - - - -	0	0	1
Toes, - - - - -	1	0	0
Foot, - - - - -	0	0	1*
Gonorrhœa, - - - - -	1	0	0
Hemorrhoids - - - - -	2	0	0
Inflamed hand, - - - - -	2	0	0
Do. leg, - - - - -	1	0	0
Do. scrotum, - - - - -	1	0	0
Necrosis (of head,) - - - - -	1	0	0
Syphilis, - - - - -	3	0	0
Sprain, - - - - -	1	0	0
Stricture of the urethra, - - - - -	0	0	1†
Tumor, - - - - -	2	0	0
Wounds, viz.: contused 6: in-			
cised 4; lacerated 2, - - - - -	12	0	0
Ulcers, - - - - -	5	0	0
Total,	46	1	5

SPENSER SERGEANT, M. D.,
Resident Surgeon.

Pennsylvania Hospital, January 15th, 1845.

* An intemperate man; his foot was dreadfully crushed by a rail road car. Amputation was performed soon after reaction, but he died on the fifth day, of gangrene of the stump.

† Stricture of several years standing. Treatment by dilatation adopted. Died of disease of kidneys.

BIBLIOGRAPHICAL NOTICES.

An Illustrated System of Human Anatomy, special, general and microscopic. By SAMUEL GEORGE MORTON, M. D. Pennsylvania and Edinburgh. Member of the Medical Societies of Philadelphia, New York, Boston, Edinburgh, and Stockholm; author of "*Crania Americana*," "*Crania Ægyptiaca*," &c. With three hundred and ninety-one engravings on wood. "*Oculis subjecta fidelibus*." Royal 8vo. pp. 642. Philadelphia, 1849.

How essentially different are the treatises on anatomy of the present day from what they were even thirty years ago! Illustrated works were rare, and when they did appear "*in gurgite vasto*," their price effectually prevented them from being available to the student. Now, the best works on the subject are so interlarded with illustrations, that there is scarcely a topic, even of minute structure, that has not the xylographic figure to address the eye, and thus to render comprehensible what no unaided powers of language could possibly make entirely so. This is a vast improvement over ancient methods; and the advantage to the anatomical student is almost inappreciable, especially in regard to subjects of microscopic investigation. In the parts as exhibited on dissection he has always a mode of verifying the statements of authors; but not always so where the microscope is concerned. Carefully executed sketches of the appearances presented in the field of that instrument are, consequently, all important; and, thanks to the zeal of observers! these now abound; and are everywhere attainable.

It is instructive to cast a glance over anatomy as taught before the present century; and to contrast it with the existing system. Then, the labour of the student was almost wholly restricted to descriptive anatomy; and if he could name the numerous processes of the sphenoid bone, and the arrangement of other parts of the frame of an equal degree of minuteness, he was regarded as an accomplished anatomist. General anatomy was hardly known, or in its infancy only; its developement, which had lain for some time dormant, acquired fresh vigour under the genius and fostering

industry of Bichat; and of late years its whole face has been modified by the investigations of the microscopist. Valuable, however, as have been the additions made by recent observers, great caution is needed in assuming the results as in all cases established; and in placing a proper estimate on such results where they even seem to be unquestionable. The promulgation of the cell-doctrine was regarded by many—to our own knowledge—as leaving but little more for the investigations of the biologist. Every thing was believed to be comprised in the idea of cell-life—even the essence of life itself. Sober-minded individuals, however, considered—and yet consider—that we are no nearer the solution of the great problem of life than we were prior to the researches of Schwann; and almost all physiologists—reflecting and observing physiologists, that is—are disposed to regard his generalizations, as to the universality of cell-agency in the formation of the tissues, premature. Simple membrane, in their view, neither exhibits, nor does it need, nucleated cells.

The doctrine of cell-agency certainly explains many living acts, which otherwise would be sufficiently unaccountable; but it is invoked to solve difficulties for which it is but little adapted; and, as with the terms *vital*, *organic*, &c, when applied to phenomena that cannot be likened to any thing physical, it is occasionally used somewhat cabalistically; and apparently to cut a Gordian knot, when the utterer is unable to untie it satisfactorily.

Nor are we sure that the enthusiasm, occasioned by the wonderful display of microscopic observations in modern times, has not been the parent of evil. Phenomena are doubtless essential to the formation of every science; but the simple observation of phenomena is not science; nor is the observer of phenomena necessarily scientific: he is but the pioneer of science. The collector of a museum of natural objects is a most useful minister; but he may be a mere virtuoso,—as the collector of a museum of pathological specimens may be anything but a pathologist. So is it with microscopic and other observers: they are most valuable in their vocation; but they may be utterly unfit even to classify what they observe, and still more unfit to detect laws of phenomena that may tend to enlarge the boundaries of science. “They may,”—to employ language ascribed to the illustrious Franklin, as applicable to the people of a certain portion of this continent—“be able to raise onions, but they cannot string them.”

To observe—to proceed one step farther, and to classify—are necessary to the philosopher who attempts to deduce laws or to constitute a science; but where there are no laws of phenomena there can be no science; no matter what may be the number of phenomena observed, or the arrangement given to them. This we hold to be a self-evident proposition.

The great characteristic of the medical mind, in modern times, has been to observe; and it must always happen, that observers will be numerous in proportion to philosophers. It is easier, for example, to mark the state of the thermometer, barometer, hygrometer and anemometer daily, and several times a day, than it is to reflect on the useful results to which such observations may lead. It is much less difficult, in other words, to *see* or to *hear* than to *think*. Hence the multitude of meteorological registers kept for years by persons who, to use the language of a literary—if not scientific—leviathan, have died fully convinced, from their observations, that the wind is changeable! They are mere automata, and their tables, on which they have spent so much irreclaimable time, are, in reality, not calculated to elevate them above the class of “idlers,” and could have been as satisfactorily accomplished by hired and almost uneducated domestics as by themselves. The purchase of the necessary instruments does not constitute them men of science; and still less can such observations, made by themselves, or under their direction by proxy, be esteemed scientific; notwithstanding they may form elements from which the really scientific may be enabled to deduce laws of science. Hence it is, that the old methods of keeping meteorological records, excepting as a simple registry of facts or phenomena applicable to localities, has been generally abandoned by philosophers, and a system of simultaneous observation has been substituted, which *may* enable laws of atmospheric phenomena to be established, and thus give to the *indigesta moles* a scientific form and feature.

We think that we are able to perceive in the tentative or experimental methods of the day, in all sciences, a signal improvement. Instead of vague and disconnected observation, unsuggested by any rational hypothesis, the philosopher now—as he ought always to have done—sets out with a preconceived idea, the result of profound thought and careful examination of every fact or phenomenon, that can have any—the most remote—bearing on the subject of his

inquiry: he observes and compares the recorded observations of others; and if, after a sedulous examination into every possible source of fallacy, he finds that the observations confirm and establish his hypothesis, he correctly infers, that he is justified in regarding that, which was at first hazarded as an hypothesis, to be a law of phenomena, and a solid addition to science. If, on the other hand, the result of reiterated observation of phenomena does not support—and *à fortiori* if it negatives—his preconceived hypothesis, he unhesitatingly rejects it, and substitutes another, which has to be subjected to the same scrutiny; and thus he proceeds until at length he succeeds in framing and establishing one that receives unquestionable support from observation.

In anatomical investigations of recent date, attention has been directed mainly to the results of observation by the microscope and organic chemistry. The beautiful and accurate achromatic instruments, from the workshops of the English mechanics more especially, have enabled the histologist to unravel, with something like certainty, the precise arrangement of formations—healthy and morbid—which had not been previously appreciated; whilst the chemical analyst has exhibited the intimate composition of the tissues of organized bodies, and tended to simplify much that was previously enveloped in complexity and obscurity. Still, the results of microscopic inquiry have been—in too many cases—more striking and showy than ancillary to the great object of the scientific biologist—to fathom the laws of life. As in the case of colossal representations by the solar microscope, for the first time unveiled to the gaze of uninitiated spectators, the hands are elevated in astonishment; and the mind is disturbed and harassed at the aspect of myriads of living creatures swallowed by them unconsciously in their daily food, yet no mental impression remains calculated to materially enlarge the intellectual sphere;—so, with the mass of microscopic observers, the instrument has been procured and employed more as an article of amusement, or of virtu; and many a possessor of a most expensive and admirably fashioned instrument has self-complacently supposed, that his ability to purchase and possess the means by which valuable observations *may* be made is sufficient to rank him as an observer, and therefore a scientific physicist. The fashion of the day is for microscopic observation; but as the instrument is very expensive, when

of the best construction, it is beyond the means of many ; hence, every anatomical inquirer cannot be an observing histologist ; and hence again, some who would, or might, be the very best observers, cannot have an opportunity of exhibiting their powers. Their condition is the reverse of that of the starved apothecary in "Romeo and Juliet" : " Their will but not their poverty consents." Such being the case, need we be surprised at the number of imperfect observations that are foisted upon us ! The desire of originality impels to the publication of crude and ill-digested results ; for it is proverbial, that they who are the most superficial among observers always form their opinions most speedily :—" Qui ad pauca respiciunt, de facili judicant."

Whilst we would, by no means, damp the ardour of microscopists, we may be permitted to express our decided conviction, that too much has been, and is, expected from their labours. Every lustre brings up some new notion, which at once becomes a hobby, and is spurred and belaboured, until it either unhorses the rider, or is cast aside in disgust ; and, although calculated—if properly managed, in the first instance—to arrive at some desirable goal, breaks down and falls into total and often unmerited neglect. To speak of recent times :—at one period, Broussaism was not merely the fashion, but the rage ; at another, hematology ; at another, the formation of cabinets of pathological specimens, arranged as in museums of natural history, to be gazed at—too rarely to be studied. And what is the history of all these 'rages' ? Very much like that of *some*—by no means *all*—of those instanced by a cynical but gifted British poet :

"The cowpox, tractors, galvanism and gas
In turns appear to make the vulgar stare :
Till the swol'n bubble bursts and all is air."

Yet, who can doubt, that if sober zeal had occupied the place of transient and ill-directed enthusiasm, each of these 'rages' might have left more signs, when supplanted by a rational and enduring system of observation and reflection.

We think, that the respectable author of the work before us is amongst those who expect too much from microscopic anatomy. He says—and we would not gainsay this—that "it presents a new field for discovery, replete with surprising and instructive reve-

lations ;"—but we are not so sure, that we can accord with him, that "it has already banished a legion of venerable conjectures, and substituted simple truth for vague hypothesis ; and, by unveiling the very germs of organized and organizable [?] matter, has taught us the origin and development of the tissues, together with a portion, at least, of their hitherto doubtful functions."

A like exaggerated opinion has, it seems to us, been entertained in regard to the information capable of being afforded to the biologist by organic chemistry. Undoubtedly it has enlarged, and will continue to enlarge our sphere of knowledge as to the intimate composition of *dead* organized matter ; but, it must always be borne in mind, when we apply the knowledge, thus afforded, to *living* phenomena, that the same problem does not exist in the two cases.

The world—the *ὅτι πολλοί*—the learned and the unlearned—were astounded at the categorical promulgations of Liebig, who, from the crucible, as it were, oracularly expounded the laws of life, in a manner that seemed scarcely to admit of contestation ; yet, although a very short time has elapsed since he dazzled us with his meridian splendour, obscuring—if we may be permitted the expression—by his greater brilliancy, the lesser lights of the chemical firmament, causing them "to pale their ineffectual fires"—how few of his results can be regarded by the biologist as undisputed landmarks in the realm of science.

It is then against an overestimate of the importance of these and other modes of scientific investigation of the phenomena of biotics that we would caution the younger members of the profession more especially ; for such overestimates must inevitably lead to disappointment ; whilst we would encourage them to employ *every* agency at their command, and especially the two which we have instanced—microscopy and organic chemistry—with a zeal that never flags ; and a fidelity that does not admit of cavil.

But we must proceed to a notice of the imposing and well executed volume, which has suggested the preceding observations. The title is sufficiently explanatory of its scope ; and its objects are clearly set forth in the preface. "In preparing this work for the press," says the author, "I have been influenced by the usual incentives to publication, one of which, and not the least, is the

desire to be enrolled among the expositors of a science that has occupied many of the best years of my life. I need not be reminded, that my enterprise must necessarily be devoid of that originality which gives charm to authorship; for a writer on special anatomy in our day must, for the most part, be content to clothe familiar facts in new language. Nor is even this object always attainable in a path that has been trodden for centuries by ambitious and scrutinizing minds, who, like voyagers in search of undiscovered lands, have left comparatively little to reward the zeal of their successors:"—and in speaking of microscopic anatomy he adds—"In this department, however, I have not entered the lists as a discoverer, but as a learner; for although I commenced with the intention of furnishing a series of original drawings, I soon found that it required a more practised eye and hand than mine, to do justice to these delicate manipulations, and that I must be content with the humbler task of occasionally verifying the observations of others."

The work—from its dimensions—could obviously only admit of an epitome of histological observations, and therefore they who expect detail may be disappointed. Great efforts have manifestly been made to reconcile conflicting statements; and although, at times, some degree of obscurity may still remain, we are well aware, that much of this depends upon the very nature of the subject, and upon the varying testimony of observers—who, notwithstanding, are "all honorable men." As an instance of want of perspicuity, we would specify the descriptions of nucleoli on the first page, under the head of "Blastema," and on the subsequent page;—the omission of any reference to nuclei in the first page being calculated to lead to confusion in the minds of those for whom the work is particularly intended, and to whom it is dedicated—"students of medicine."

It is impossible for us to enter into any analysis of it. It considers, in succession, Histogeny, Osteology, Odontology, Arthrology, Dermology, Myology, Aponeurology, Splanchnology, Angiology, and Neurology.

The descriptions of the different parts of the human fabric are accompanied by necessarily brief expositions of their physiological manifestations and relations.

"The present state of anatomical science," says the author, "forbids its entire separation from physiology, inasmuch as the re-

sults of microscopic discovery have more than ever blended the functions of parts with their structure [?] A glance, however, at this work, will show, that physiology has been therein considered in a merely elementary manner, and as far as possible with regard to facts alone, without reference to doubtful propositions; for my aim has rather been to invite, on the part of the student, increased attention to this pleasing and all-important branch of professional learning, as more fully elucidated in the several works referred to in the following pages." p. viii.

The work is beautifully got up, and most of the illustrations, which are numerous, are well selected to elucidate the text. The author was for years engaged as an anatomical teacher, and is, therefore, an advanced student—for we regard the most accomplished teacher of science to be such, and nothing more:—"qui docet discit." He is, however, admitted—here, and everywhere—in this country and in all countries—to be a skilful anthropological observer—the justly distinguished author of two works—"Crania Americana," and "Crania Ægyptiaca"—which are monuments of zeal and industry, skilfully and accurately directed; and we are of opinion, that in the present production he has attained the great objects with which he professes to have undertaken it.

"I have only to add," he says, "that it has been my constant aim, to convey clear and concise impressions of the structure and functions of the various tissues, and I shall feel sincere gratification, if my work may happily tend to facilitate the studies of those to whom it is dedicated." p. ix.

We have noticed a few inaccuracies of expression, and in proper names. For example:—"Mr. Hassell," he says, "observes, that the orifices of these tubular processes" [of the epidermis] "are immense, [?] not less, indeed, than 3000 to the square inch"! (p. 149.) "*Gastro-enteritic*" for gastro-enteric, (p. 311.) At page 317, the reference to fig. 219 is evidently a dislocation. "*Demarcay*" is written more than once for Demarçay. From the note at page 379, it might be supposed, that hanging, strangulation and smothering, are not causes of asphyxia:—"In asphyxia, there is a total suspension of the respiratory function, either from the presence of water as in drowning, or from breathing of carbonic acid gas, or other deleterious vapours." The description of the action of the heart, at page 394, requires—to employ an expressive nautical term—"overhauling." We cannot accord,

that "the auricular and ventricular sounds [?] follow each other with great regularity and without any appreciable pause or interval; but the time occupied by the act of contraction [Qr. of auricles or ventricles ?] is estimated at double that of dilatation;"—nor that "the cineritious neurine of the spinal cord is now regarded as a connected chain of ganglia, whose function is to regulate the sensations and voluntary motions of the limbs and body"! (p. 490.) Neither do we exactly see how "the nerves, which the sympathetic supplies to the viscera, appear to be, though in variable degrees, the instruments of both sensation [?] and motion, independently of the will." (p. 536.) The credit of the doctrine of reflex nervous actions is given to Sir Charles Bell instead of to Dr. Marshall Hall. (p. 494.) But these, and other inadvertencies of fact, thought or expression, can be readily modified in a new edition, which, we sincerely hope, may be soon called for.

Chemical and Pharmaceutic Manipulations: A Manual of the Mechanical and Chemico-Mechanical operations of the Laboratory. Containing a complete description of the most improved Apparatus, with instructions as to their application and management, both in the Manufacturing processes, and in the more exact details of Analysis and Research. For the use of Chemists, Druggists, Teachers and Students. By CAMPBELL MORFIT, Practical and Analytic Chemist, author of "Applied Chemistry," etc. Assisted by Alexander Mucklé, Chemical Assistant in Professor Booth's Laboratory. With four hundred and twenty-three illustrations. Philadelphia: Lindsay & Blakiston, 1849.

We have often heard apothecaries lament that they could not have access to any work which would give a comprehensive account of the more difficult processes of their profession, and which would at the same time, furnish a view of the manipulations, by means of which the analytical and practical branches of chemistry proper are pursued in the laboratory. Physicians, who so often are—or, at least, should be—engaged in pharmaceutical and chemical pursuits, and in fact, all persons whom taste or

business lead to take an interest in chemistry, must have sensibly felt this want. No one of the ordinary works accessible to the student, imparts the kind of information desired upon these subjects, and the only one of high character which does, and of which we have any knowledge—that of Faraday—however excellent, is not of general utility, the writer having confined his attention to those operations which concern alone the investigator and analyst.

The book of which we have given the title at the head of our notice, seems to us to supply these deficiencies completely. It is admirably adapted to the wants of the practical man; and the author, while avoiding the extreme of giving his production a strictly scientific character, has contrived to compress into four hundred and seventy pages an amount of instruction which must be of the greatest assistance to the student of experimental philosophy and analysis.

The modes of expediting and making more easy pharmaceutical processes and scientific researches, have been so abundantly increased of late, that one who is familiar alone with the apparatus in use for all such purposes ten years ago, would, at the present day, find himself quite at a loss among the multiplicity of new inventions to be found in a well furnished laboratory. Information concerning the manufacture and use of all such improved instruments, and much other matter of interest and novelty, are to be met with in Mr. Morfit's book, and are given in a way calculated to meet the wants of all. His descriptions are clear and graphic, and while adapted to the comprehension of most readers, are sufficiently minute and exact to make the book serve as a manual for the professional chemist.

We have been particularly pleased with the arrangement adopted by the author in treating of the processes of the chemical workshop. He first describes in full a model laboratory, with the nature and position of its various appurtenances, not meaning to imply that the particular conveniences mentioned by him are essential in all cases, but only with the view of giving such instruction as will enable the beginner to select for himself the elements of an effective chemical armament. He then commences with the treatment of substances designed for experiment or manufacture, and passes on through the various operations which are likely to be employed, in their order of sequence, introducing under each

heading the engravings and description of the appropriate apparatus. In this way, the chapter on "The Division of Substances" is succeeded by a full consideration of the balance, weights, weighing, specific gravity, measuring, the sources, management and estimation of heat, baths, freezing mixtures, fusion, ignition, cupellation, sublimation, distillation, lutes, solution, evaporation, crystallization, desiccation, precipitation, &c. &c. This arrangement is well calculated to lead the student on *seriatim* through the various processes required to be performed by him, and also to enable the manufacturer to select with ease those parts of operations which belong to his own especial province. A list of test bottle series, and valuable tables of thermometrical equivalents, of freezing mixtures, and of the solubilities of various salts, are included in this part of the volume.

Besides the subjects mentioned above, there is an account of analysis by the polarisation of light, furnished by Professor Reynolds, of this city. Electricity and galvanism, occupy a considerable space, and treatises on the blow-pipe, glass-blowing, the construction of formulæ, and the management of corks, follow the chapter on the former subjects.

A list of the manufactures of, and dealers in the various apparatus mentioned by the author, and a copious index, conclude the work.

The author seems to have departed somewhat from his proper sphere in the chapters upon the various kinds of electricity, and in some other parts of the book, by a reference to theory which is a little at variance with the title of "Manipulations" upon his first page. This may, perhaps, be justified in the former instances, by the fact that a knowledge of the origin and action of the electric influence is essential to the right use of the apparatus intended for its exhibition. We know that very many who are in the habit of experimenting with electric machines and galvanic batteries, are totally ignorant of the nature or direction of the currents passing through and from different parts of such instruments. It is probably with the view of making this subject more clear, that the electrometer and galvanic multiplier meet with especial attention.

We notice some instances of hasty writing, which are, however, mostly referred to in the errata in the front of the volume. These

do not detract from the general value of the work, which we heartily recommend to the attention of medical men, and all others who are in any way interested in pharmaceutical and chemical pursuits. Teachers of chemistry often fail in illustrating their lectures, through want of manipulative tact and experience; and we believe that a perusal of the volume before us, would tend to make the public exhibitions of such persons much more successful than they frequently are. A careful study of it by our druggists, would enable some of them to follow the directions of our dispensatory with more exactness and fidelity than they are in the habit of practising.

Clinical Midwifery. Comprising the histories of five hundred and forty-five cases of difficult, preternatural, and complicated labour. With Commentaries. By ROBERT LEE, M. D., F.R.S., Fellow of the Royal College of Physicians, London, etc. etc. First American from the second London edition. 12mo. pp. 238. Lea & Blanchard: Philadelphia, 1849.

To those who have become well grounded in the principles of obstetrics, from a thorough study of the best systematic treatises, clinical reports are of great value. To the inexperienced, they supply, in some degree, data for testing the applicability of the rules they have been taught; and to those who have seen much practice, they afford means for comparison and illustration of their own observations. Still, the circumstances set forth in such reports, are so frequently warped and coloured by the views and foregone conclusions of those from whom they proceed, that in all instances, where they contradict the general testimony of the profession, great caution is necessary in receiving them as elements in our reasoning. We are not about to express any doubts of the truthfulness of the reports before us. With no great reverence for the authority of the author, it must be admitted that he enjoys unusual opportunities for observing difficult and obscure cases, and the reports in the present publication bear upon their face the appearance of truthful expression. We have found, in their perusal, much for useful reflexion to the well read and experienced practitioner, and much that is calculated to mislead the inexperi-

enced, who may trust to the practice set forth in the various cases as examples for them to follow.

While, therefore, we regard this work of Dr. Lee as one of great value for reference in obstetrical statistics, we think it little calculated to enlighten the path of the student. It is true, there is much that he may read with profit, but there is not a little that will conflict with the practice inculcated by some of our best teachers, and it requires an intimate knowledge of the subject to enable the reader to determine how far he may accept the one or reject the other.

Notes of Medical Matters and Medical Men in London and Paris.

By DAVID W. YANDELL, M. D. 8vo. pp. 309. Prentice & Weissinger: Louisville, Ky., 1848.

The volume before us consists of a series of letters, written by the author while pursuing his studies in the chief cities of Europe, and considering the age and inexperience of the writer, and the circumstances under which they were penned, do him great credit.

In the preface, the author modestly remarks: "The letters were written to one of the editors, [of the Western Journal of Medicine and Surgery,] and, at first, without any object beyond his personal gratification. They were deemed by him worthy of publication, and forthwith I was enrolled "Foreign Correspondent" of the Journal. In the midst of engrossing studies, which left me but little leisure, I was induced to continue the correspondence, not more by the evidence afforded me that my contributions were well received, than by the assurance of the working editor that they lightened his onerous labours. The correspondence, commenced and continued in this spirit, has, at length, grown into a volume. As the successive numbers were passing through the press, a few extra sheets were obligingly set apart for the author, by the publishers, and they make the volume now presented to the reader."

Of the propriety and justice of describing the personal appearance, peculiarities and opinions, of living men, without their knowledge and consent, we have never been satisfied. Very often, the reporter has enjoyed but limited opportunities for judging of what he relates, and is, therefore, liable to commit gross, although

it may be, unintentional errors ; nor can any thing, in our opinion, justify the breach of confidence which is committed by those who disregard the sanctity of the fireside, and expose scenes which their eyes have been permitted to behold only from the promptings of a generous hospitality.

In allusions of this kind, our young author has manifested a delicacy which contrasts favourably with the observations of some older tourists, who have preceded him in the same line of narration ; generally, indeed, he has confined himself to a notice of professional rather than personal matters, and when speaking of the eminent men whom he saw, their opinions and practice on matters of professional interest alone are mentioned, and mostly, we think, in a way not calculated to offend.

The Encyclopedia of Chemistry, Theoretical and Practical, presenting a complete and extended view of the present state of Chemical Science. By JAMES C. BOOTH, Member of the American Philosophical Society, Professor of Technical Chemistry in the Franklin Institute, &c. &c. Assisted by Campbell Morfit, Practical and Analytic Chemist ; author of "Applied Chemistry," &c. With numerous engravings. Philadelphia: Carey & Hart.

Number 14 of this Encyclopedia of Chemistry, is the only one which we have seen ; but judging from the well known ability of the authors, and from an examination of some of the contents of this number, we are warranted in regarding it as a complete embodiment of the chemical science of the present day, and as such we would recommend it to all those desirous of possessing a book of reference in matters pertaining to chemistry. It is well printed and handsomely illustrated.

Introductory Lecture before the Anatomical Class of the University of Pennsylvania. By WILLIAM E. HORNER, M. D., Professor of Anatomy. Delivered October 17th, 1848. Published by the class.

We welcome Professor Horner's introductory with peculiar pleasure. Apart from the claim upon our special notice due to the nature of its theme, it possesses a double interest on this occasion, because it affords to a widely extended circle of friends and pupils, the most gratifying evidence of the improved health and unabated energies of its distinguished author.

Just returning from a summer tour in Europe, which it has been his "fortune to revisit after a lapse of twenty-seven years," and "with a mind occupied with such recent impressions" of stirring incidents, and scenes, the like of which it can be the lot of few lecturers of Dr. Horner's position and engagements to encounter in so short a space of time, he has very naturally favoured his new class with "some of his recollections" as a fitting prelude to his winter demonstrations. We venture to assert that he could offer none more acceptable to the listeners for whom it was intended, or more agreeably instructive to the readers who have to thank those listeners for bringing it within their reach.

A vacation trip to London and Paris, not to mention Edinburgh and Dublin, with perhaps a glance at Belgium and the Rhine, is now-a-days an enterprise of such continued recurrence, that we have ceased to wonder at the ease with which it may be accomplished. But a visit beyond the usual routine, to the more distant high-ways of science in the heart of German Fatherland—a *bona fide* view, however hasty, of the great schools of Vienna, Munich and Berlin, is still something worthy of admiration, even in these days of lightning telegraphs and ocean steamers.

"Three great empires," says Dr. Horner, "present us with the most striking examples of the state of Medical Science in that quarter of the world." And these "three great empires," our honoured friend, with a zeal that smacks little of his years and recent feeble health, has had the courage to invade and explore for the purpose of a candid survey in his capacity of medical professor and practitioner.

Verily, the chance of sharing in a single tithe of the retrospect of such an exploration, would rouse in all their force much feebler

yearnings after novelty in introductory than ours. And it would be a labour of love, were the space allowed us in these pages, to trace the traveller, step by step, throughout his deeply interesting and eventful progress. We would gladly follow him from the first start in the thronging world of London, where, true to his vocation, he offers up his earliest tribute of devotion to the memory of Hunter; through the Bavarian Walhalla; the bloody scenes of suffering and slaughter, in the barricaded streets and crowded hospitals of Paris; by the picturesque and legendary beauties of the Rhine and the Danube; by the national glories of the cathedral of Cologne; the splendid palaces of modern letters, art, science and philanthropy at Munich, Vienna and Berlin. No such pleasure is in store for us, however, within our present limits, and we must content ourselves with an earnest recommendation to the present lecture, while we take leave of its author with his own account of the general conclusions to which he has arrived. His idea of the state of medical instruction in the old world is, that though neither the British Union, France, nor Germany, "realize all that we could hope for, yet each has its merits, and we may perhaps say, its superiority, the one over the other, which justly claims our admiration." We learn further, that "there are certain points deserving of our imitation, in the higher attention paid to them, and which attention is permanently secured in the organization and policy of the schools." "Among these," continues Dr. Horner, "are organic anatomy, the use of the microscope in normal and pathological investigations, practical chemistry, and, above all others, the nature, observation and treatment of disease in the living body, before a student is permitted to practice medicine in society and graduate fully." "This ascendancy of clinical study," he informs us, "is remarkably conspicuous in the German schools." France comes next to Germany in regard to clinical instruction; while in "England" the system is but little better than our own. Germany, its elevated character, its superior, but still unappreciated resources and attraction for the student, have been evidently uppermost in the mind of the Professor from the outset of his lecture. They occupy more than half of the whole address; and, indeed, we are assured at the conclusion, that the author "viewed, with the strongest interest, the several features—social, literary,

and scientific—of this great country.” “In reflecting on my visit,” continues he, “there is but the regret, that I had to do in a few weeks what ought to have taken several months, and might have employed, pleasantly and profitably to the understanding, several years.” “As these protracted gratifications were forbidden to myself by my time of life, and the duties of my position, I have thought that in stimulating the curiosity of such of you as propose to complete your education by foreign travel and by foreign study, my narrative would at least be productive of some good; and that it may, in its place, serve to sustain the spirit of improvement in the standard of medical education in our own country, which has been so strongly urged in the proceedings of our three National Medical Conventions.” These are sentiments in which every reader of Prof. Horner’s excellent discourse must cordially concur, and to which we are happy to render a sincere amen.

Introductory Lecture to the Course of Clinical Instruction in Surgery, at the Pennsylvania Hospital. Delivered November 1st, 1848. By GEORGE W. NORRIS, M. D., one of the Surgeons of that Institution.

This is an exceedingly interesting lecture, and one which we would like to see in the hands of every medical student of this country. It is written in a style, which, if not as elegant or eloquent as that of some of our lecturers, is, at least, remarkable for its good sense and perspicuity; characteristics of good style, but little attended to by some of our most popular lecturers. Throughout this lecture, there is so much genuine modesty of bearing; so much of the true spirit of the philosophical surgeon, that one cannot fail to be impressed favourably with the character of its author. A portion of the lecture is devoted to a brief history of the Pennsylvania Hospital, and to the advantages which this Institution offers for instruction in clinical surgery. In stating to the class, that the managers of the Hospital are not backward in affording every opportunity for medical instruction, consistent with the feelings “of the numerous dependants on their bounty,” the lecturer makes the following appropriate request, which should be urged

upon a medical class, whenever and wherever in attendance upon clinical instruction.

“So far as you are concerned, I am sure, this proper spirit will be observed, and I will here take the liberty of asking from you, gentlemen, that all marks of applause or of disapprobation may in this theatre be avoided. When you consider that you are here at all times surrounded by the suffering—that there are always in the apartments immediately adjoining us and within the sound of your voices some who might be disturbed by noise, and that the ignorance of others who are not suffering might induce a fear that they are to be brought before you to exhibit their infirmities merely as for a theatrical exhibition, I feel confident that this request need but be mentioned by me in order to secure your observance of it. Our profession is eminently a humane one, and humanity to the poor and friendless, who are here thrown upon us for support and assistance, is shown perhaps more strongly by some sympathy for their sufferings, and the avoidance of everything which may induce them to believe that those sufferings or their feelings are sported with, than in any other manner.”

The lecturer earnestly solicits the attention of the students to the minor duties of the surgeon; to the treatment of fractures and dislocations, and to the medical treatment of surgical diseases; and while on the one hand he properly appreciates the value of operative surgery, considering it the last resort of the true surgeon; on the other, he believes “a great and lasting surgical reputation is attained, not by operations, but by a thorough and practical acquaintance with the *principles of surgery*.” In stating that operative surgery has very much diminished with the advance of the science, he says:

“The cultivation of morbid anatomy and pathology, which has within the period mentioned been followed with an ardor previously unknown, by indicating better methods of treatment, as well as by exposing the constitutional origin of what were before regarded as purely local diseases, and by pointing out the grave affections of the general system which so frequently supervene on diseases which in their origin are purely local, has greatly diminished the number of really necessary operations, and I think it would be to the benefit of the student, as well as more honourable to our profession, if instead of dwelling so much upon operative procedures, teachers would more constantly direct the attention of their pupils to the attainment of this really useful knowledge. Ulcers and diseased joints, classes of diseases in which amputation was formerly so

common, are now by improved methods of treatment in the great majority of cases cured without resort to operative means. Castration, which in former days was so common an operation in chronic diseases of the testis, is now rarely done—so rarely, that in this hospital, with which I have been connected for fifteen years, and in which many such affections are treated, I have never seen it once performed here. The application of the trephine, too, at one period so frequent, is now rarely resorted to; and within a very short time, the treatment of aneurisms by pressure has been so improved upon by an accurate study of the process employed by nature in her spontaneous cures of that disease, and such an adaptation of the treatment as to imitate her, that there is good reason to hope that in the extremities at least, another bloody operation will be henceforth in many cases deemed unnecessary.”

Our knowledge of Dr. Norris' character, convinces us of his sincerity in the inculcation of these judicious views, and we feel satisfied that he will discharge the duties of Clinical Instructor in a manner honourable to himself, and advantageous to the students. Indeed, we consider it a subject for congratulation, that the duties of Lecturer on Surgery, formerly so ably discharged by the lamented Randolph, have devolved upon one so capable as Dr. Norris.

Introductory Lecture to the class of Midwifery and Diseases of Women and Children, in Jefferson Medical College, October 18th, 1848. By CHARLES D. MEIGS, M. D. Published by the Class.

In this lecture which is written in a quaint style, the lecturer draws the distinction between the medical class and the scholar class, and earnestly invites the members of his class not to stop short in their studies, till they reach “the last rank a man can attain, which is that of the scholar.” “The physician should be not a gentleman only, but a gentleman and a scholar; for,” says he, “it is the scholar who has led his fellow man out of the grossness and ignorance and depravity of his natural state—that has taught him arts and letters, and converted him from being a savage into the more elevated condition of the Christian and gentleman. It is the scholar that has broken asunder the manacles of the woman, and freed her and disenthralled her from being the bond-slave of the man, his

beast of burthen, and the mother of his child, to take her station as his co-equal companion. The scholar is man's teacher and guide. He it is who struck the scales from his eyes, and opened his deaf ears, and unsealed his closed senses, and called upon him with his voice, and showed him by his example, the way in which he should walk; invited him to spurn the degradation and bondage of ignorance and depravity, and to come up and be partaker with him of knowledge, which is freedom, and of virtue, which is happiness."

These views are enforced throughout, with that enthusiasm and high toned feeling which characterise the author of this lecture, and we only regret that he has not preferred a plain and easily comprehended style, to the rambling and disconnected one, which he seems purposely to have adopted.

Introductory Lecture to the Course of Chemistry, delivered in Jefferson Medical College, October 18th, 1848. By FRANKLIN BACHE, M. D. Published by the Class.

This lecture comprises a history of chemistry from the first dawning of the science to the present day. The author passes in review the various contributors to chemical lore, beginning with the alchemical writers of the seventh century, and ending with Liebig. With the name of each is connected a brief account of his more important discoveries and theories. It contains an amount of information highly to be coveted by the accomplished physician and chemist, and on this account, as well as for its intrinsic merits as a literary production, we cordially recommend it to the careful perusal of our readers.

THE MEDICAL EXAMINER.

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PHILADELPHIA, FEBRUARY, 1849.

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CHOLERA.

In the last number of the Examiner we presented our readers with a brief account of the progress which the Asiatic Cholera had made in the United States. In New York, where the disease first made its appearance, it has entirely disappeared within the last two weeks, having shown but little disposition to spread from the Quarantine Hospital, into which it had been introduced by some emigrants from France. How these persons had contracted the disease it is difficult to say, for, in a report made by Dr. Whiting, Health Officer at Quarantine, to the Sanatory Committee of the Board of Health, we learn that "all the persons who have been attacked, from the first case on board ship to the last, excepting the inmates of the hospital, *have been among two hundred and seventy Germans*, who have been living in Havre and its environs, where there has not been a single case of Cholera." Why these Germans were attacked with the disease, to the exclusion of the other passengers on board the ship New York, we cannot say, since, when they came on board, they seemed healthy and robust—had not been exposed to the cholera at home, and during the voyage we are assured by Dr. Whiting they "shared equally with the exempt the comforts and privations of a sea voyage, variations of wind and weather, have breathed the same air, and fed on the same food." This account presents to the medical mind two questions of importance and difficulty: 1st. How did the passengers of the ship New York become infected with cholera? 2d. How happened it that this disease only attacked persons from among two hundred and seventy Germans, to the exclusion of every one else? At present we do not propose to undertake the difficult task of replying to these interrogatories, but shall proceed with a brief detail of the progress of cholera in our country. Of its progress in New York nothing more need be said, since the disease has been chiefly confined to the Quarantine—having only appeared in the city in one or two instances.



From the report of Dr. Whiting, we find that most of the persons attacked with cholera presented all or most of the following symptoms : "Vomiting and purging of thin discharges, sometimes at first light brown, but generally from the first of a white or yellowish-white or pearl colour, with white flocculi, forming a thicker whitish sediment on standing a short time. They are well described as *rice water* evacuations. In some cases a half gallon has been vomited, but generally in smaller quantities. A child six years old vomited fully this quantity at once, had no other evacuation, and afterwards recovered. The vomiting is usually accompanied by great uneasiness and pain, particularly at the epigastrium. In some cases vomiting has existed without purging, and vice versa. In several cases neither vomiting nor purging, but the stomach and bowels were found filled after death with the same fluid. One or more large worms, the lumbrici, have been discharged, either by vomiting or the bowels, in a large majority of cases. This fact has been before remarked. The tongue and breath are icy cold; sometimes the tongue is clean, but generally slightly coated. The voice becomes weak and husky, and with a great effort the patient speaks in a thick whisper. The skin assumes a livid colour, becomes cold and clammy, and when pinched up remains so for a short time. The countenance wears a haggard, sunken look; the eye is dull and heavy, although the pupil is somewhat dilated. The extremities are shrivelled, the fingers and toes and nails resembling those that have been long in the water, and of a purple hue. All these cases have been affected with cramps and spasms of the extremities and abdomen; in some a slight but generally a very painful symptom. The pulse, from the inception of the real attack, becomes small and frequent, from 110 to 140, according to the progress of the disease, and, in the stage of the collapse, entirely lost at the wrist for hours. The breathing laboured and hurried, and in cases where the spasms were severe, occasionally suspended momentarily." In the report we find it stated that diarrhœa preceded an attack of cholera only in a few instances; indeed, there seems to have been great difficulty in detecting any other stage of the disease than that of collapse, notwithstanding every effort was made, by repeated visits, &c., to ascertain the earliest deviations from health. Dr. Whiting says, "the number or *apparent* violence of the symptoms formed no criterion for the prognosis. Fatal results followed, in a number of cases, in a few hours, where the dejections were slight, and spasms and other violent symptoms were absent."

The post-mortem appearances consisted in engorgement of all the internal organs, "either from actual congestion or the retention of the cruor of the blood, while the serum is drained off." No alteration in structure was observed in any case. The skin was shrunk and shrivelled, and of a livid colour. The bladder was contracted, and in most of the cases there was an entire suppression of urine.

The average duration of the disease, up to the time of the report, was about ten hours—in children it was not more than *four*.

Upon the landing of these infected persons at the Quarantine, it appears that six others, inmates of the Marine Hospital, became affected in a similar way, though they had been only two days in proximity with the emigrants of the ship "New York." One person, being discharged, went up to the city, and though he had only remained *a little over a day* in the same enclosure with the cholera patients, was attacked with the disease and died. Dr. Whiting adds, that "on perceiving this communication of the disease to the convalescents, I immediately sent them away, and distributed them through the other hospitals, since which three others have been attacked, two of whom have died, but none other (than those at first exposed at the public stores) have been affected. These had all been inmates of the hospital for weeks, were ready to be discharged, and had but a limited exposure for forty-eight hours to the influence of the disease."

When the disease first broke out on board the ship New York, "the ship was in N. Lat. 42°, Long. 61, about 140 miles S. S. W. from Sable Island. On the 23d and 24th, the two days preceding the appearance of the cholera, the wind was N. N. W. On the 25th it changed to the southward, with squalls and rain. In the morning the barometer was at 30 inches, and fell during the day to 29½ inches; thermometer 60°, Fahrenheit. Sunday and Monday, 26th and 27th, wind westerly and fresh. Tuesday, 28th, moderate from N. W.; barometer 30; thermometer 42°."

Dr. Whiting next proceeds to notice the treatment adopted in thirty cases, which had occurred at the Quarantine up to the 11th of December. Of these thirty, twenty were fatal. Of the external treatment he says, the most efficient mode of restoring the heat of the surface consisted in enveloping the patient in warm blankets—in the application of mustard to the stomach and bowels, and to the upper and lower extremities—in friction with hot tincture of capsicum, and



the conveyance, by means of suitable apparatus, of a constant stream of hot air under the bed clothes.

Various plans of internal treatment were tried. Mustard emetics, without bloodletting, proved successful in only two cases. Unless reaction took place after emesis, the irritation of the stomach and the prostration seemed very much increased. In eight cases, large doses of calomel, capsicum and camphor, in conjunction with external frictions, produced so little good effect, as not to encourage a continuation of the treatment. Chloroform was used, "and at first gave some hope that it would prove a successful remedy; but no other permanent good has resulted from its use but to relieve the spasms and cramps." For this purpose it is an invaluable remedy in the disease. The saline mixture failed to produce any good effect, owing, probably, to the fact that in those cases in which it was administered the power of absorption was destroyed. Acetate of lead and opium were administered in large and repeated doses, but without any good effect. "The treatment," says Dr. Whiting, "that has proved of most service, has been calomel in scruple doses, combined with opium and camphor, followed, at two or three hours' interval, by smaller doses of calomel, until reaction is indicated by some action of the liver. This plan, combined with the faithful application of external heat, &c., I am satisfied, has proved of most advantage in the cases that have come under my notice. Every case in which the slightest bilious evacuation has been procured, has commenced to recover from that moment, and although of itself unable to effect the reaction necessary for its own peculiar action, calomel will doubtless always prove the most potent auxiliary in the catalogue of remedies for cholera."

Subsequent to the 11th of December, which is the date of the preceding account, Dr. Whiting states that he has, up to December 19th, met with thirty-three new cases—all of which were from the same class of German emigrants, except three—one a Frenchman from on board the ship *New York*, the other two inmates of the hospital previous to the arrival of the infected vessel. Of these thirty-three cases, which were treated with calomel, opium and camphor, only nine have died; and "as there appeared to be no difference in the severity of the symptoms at the outset of the disease, he cannot but attribute the diminished fatality to a more happy plan of treatment." When the disease is yielding to these remedies, we observe a subsidence in the pain and spasms, with warmth of skin and restoration of pulse. The quantity and frequency of the discharges

diminish, and their appearance changes from the thin rice water, to a greenish and thin brown or brownish-yellow colour.

The cholera has also made its appearance in the southern section of the United States. It is supposed to have been introduced into New Orleans by passengers arriving from Havre on board the ship Swanton. They were landed the 11th of December, and on the 12th the first cases made their appearance. Since then the following statement, said to be official, in regard to the number of persons who have died of cholera, has been received :

|                          | Asiatic Cholera. |   |   |    | Cholera. | Total. |
|--------------------------|------------------|---|---|----|----------|--------|
| Week ending December 16, | -                | - | - | 3  | 14       | 17     |
| December 16 to 21, -     | -                | - | - | 53 | 34       | 87     |
| December 22, -           | -                | - | - | 39 | 7        | 46     |
| December 23, -           | -                | - | - | 56 | 15       | 71     |
| December 24, -           | -                | - | - | 76 | 8        | 84     |
| December 25, -           | -                | - | - | 69 | 8        | 77     |
| December 26, -           | -                | - | - | 8  | 46       | 54     |
| December 27, -           | -                | - | - | 22 | 39       | 61     |
| December 28, -           | -                | - | - | 4  | 88       | 92     |
| December 29, -           | -                | - | - | 84 |          |        |
| December 30, -           | -                | - | - | 77 |          |        |
| December 31, -           | -                | - | - | 71 |          |        |
| January 1, -             | -                | - | - | 67 |          |        |
| January 2, -             | -                | - | - | 84 |          |        |
| January 3, -             | -                | - | - | 67 |          |        |
| January 4, -             | -                | - | - | 39 |          |        |
| January 5, -             | -                | - | - | 44 |          |        |

Whole number of deaths from Cholera, 1,115; reported Asiatic, 870; Cholera otherwise designated, 245.

The disease is said to be confined principally to foreigners, not showing itself to any great extent among the natives of New Orleans, or those resident there from other States. In a letter to the Editor of the Boston Medical and Surgical Journal, from Dr. Wederstrandt, of the Charity Hospital, New Orleans, we extract the following:

“On the 12th of the present month the cholera broke out in this hospital. The two first cases were a man and a woman, who were brought, in the last stage of the disease, from the ship Swanton, which had just arrived from Havre. This vessel left Havre with all the passengers and crew in good health, neither was the cholera in that port when she left; but some of the passengers were from a part of Germany where the cholera was raging. When at sea two weeks, the disease broke out on board, and 17 persons died in a few days, and were thrown overboard. At the time she reached here, but two were



sick on board, and they were brought to this hospital. The very next day numerous cases appeared all over the city, but principally in the houses nearest to the shipping, or among persons employed on the wharves. Since the middle of this month [December] we have admitted between 40 and 50 persons with this disease every day; upwards of 50 cases have originated in the house among the convalescents of other diseases and the attendants; three of the washerwomen have taken the disease, and two have died. The disease here seems to consist of three stages in most cases: first, a feeling of malaise and diarrhœa; next comes on the vomiting and purging of rice water discharges, and cramps; thirdly, the cold stage, with the clammy sweat and suppression of urine. The intelligence remains intact until very late. The disease has proved fatal here in so short a time as three hours. Oftener it is protracted to twelve and fifteen, and rarely beyond twenty-four hours. The violence of the pain in the stomach, and vomiting and purging, does not always afford a criterion for an unfavourable prognosis, for many patients recover rapidly in a few hours after being so attacked, declaring themselves nearly as well as ever. About half an hour after death, the body, which was as cold as ice just before, becomes as warm as in health; and the cramps or contractions of the muscles, which annoyed the patient so much during life, continue for at least half an hour, and in some cases nearly an hour after death.

During the first days of the epidemic, nearly all the cases proved fatal; but within the last few days it seems to be rather on the decline, as our admissions and deaths have decreased, and we begin to number many cures, or rather recoveries. We treat the disease on general principles, and according to the indications of each individual case. In the early stage, we have had reason to be satisfied with the preparations of opium and counter-irritants. Some physicians use a large dose of opium and quinine in the beginning, when they get their cases early; they give from thirty to forty drops, to a drachm of tincture of opium, with half a drachm of quinine, for a single dose, and speak highly of their success. In a few cases I have thought that the practice did good, but I have not used it to any great extent. When brought to us, which they generally are, in the cold stage, we use stimulants externally and internally, with nourishing broths, and several have re-acted under this treatment, and finally recovered. Males and females, young and old, are alike subjects for this disease; but far more men than women are attacked. We have seen many children die of it, some under five years, and a few old people at a very advanced age. Dr. Watson, in his very interesting and valuable Lectures on the Practice of Medicine, has given a most correct description of the disease as it now prevails among us, and I believe it to be identical with the Asiatic cholera, which he so ably describes."

From New Orleans it has spread to other places along the borders of the Mississippi and its tributaries. In Texas it has also made its

appearance, in a form as aggravated as that which marked the disease in New Orleans. At Lavaca, Texas, the 8th U. S. Infantry has been severely dealt with. The last account from these different places indicate that the disease is, for the time at least, abating. Of the treatment adopted in the management of this disease, in the places above alluded to, we are not informed, as our exchange Journals have not as yet come to hand.

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DEATH OF MR. SAMUEL COOPER.

Within a year English Surgery has lost two of its brightest ornaments, *Robert Liston and Samuel Cooper*.

By a singular coincidence, Mr. Cooper's death took place upon the anniversary of that of his friend and colleague, Mr. Liston, on the 9th of December, 1848.

The name of Samuel Cooper is as familiar as "household words," to every medical man on this side of the Atlantic, as the author of the "Surgical Dictionary," and "First lines of Surgery." In early life he was a member of the medical staff of the army, and was present in the memorable Walcheren expedition. In his later years he filled several highly responsible and important public offices. As a surgeon he was much distinguished, and as a teacher eminently successful, having for seventeen years filled the chair of Surgery in University College. He was also surgeon and consulting surgeon to the University Hospital, from the time of its foundation, till his withdrawal from both, in April, 1848, which separation was caused by a misunderstanding with some of his colleagues. A very general impression exists in his own country, that the irritation and mortification resulting from this misunderstanding, may have hastened his death, the immediate cause of which is stated to have been suppressed, or retrocedent gout.

"Professor Samuel Cooper, well known all over the world for the variety and extent of his surgical information, as exemplified in that almost unequalled production, the 'Dictionary of Surgery,'"\* was, at the time of his decease, in the 68th year of his age.

We are reminded that in this country, we too, in the brief space of two years, have been called upon to mourn the voids created by the hand of death, in our own circle. The memory of Hewson, McClellan, and Randolph, of this city, and Warner, of Richmond, is still fresh in our hearts; and though we look in vain for them in their familiar places, their examples and their teachings are still left to us as a legacy that gold cannot value.

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\*Sketches of eminent British Surgeons, by Wm. Gibson, M. D., Professor of Surgery in the University of Pennsylvania.



## AMERICAN MEDICAL ASSOCIATION.

By desire of the Committee of Arrangements, the undersigned request all societies and other institutions authorized to appoint delegates, to send correct lists of those chosen to attend the *next annual meeting*, to DR. HENRY J. BOWDITCH, Boston, on or before the 1st of April, 1849.

Editors of Medical Journals are respectfully solicited to circulate the above request, a compliance with which will greatly facilitate the organization of the Delegates when assembled.

ALFRED STILLÉ,  
HENRY J. BOWDITCH,  
Secretaries of A. M. A.

## THE SOUTHERN MEDICAL AND SURGICAL JOURNAL.

We regret to learn from the last number of this Journal, that there is a prospect of its discontinuance, from want of adequate support. We sincerely hope, for the sake of the profession in the South and West, that this will not be allowed to occur, but that they will rally to the aid of the "oldest, the most prompt, and the only monthly medical publication" of that section.

At the first Stated Meeting of the Philadelphia County Medical Society, held January 16th, 1849, the following officers for the current year were elected.

*President*,—Samuel Jackson, M. D., (late of Northumberland.)

*Vice Presidents*,—George Fox, M. D., T. F. Betton, M. D.

*Recording Secretary*,—D. Francis Condie, M. D.

*Corresponding Secretary*,—Henry S. Patterson, M. D.

*Treasurer*,—M. M. Reeve, M. D.

*Censors*,—Thomas Hobson, M. D., Wilson Jewell, M. D., J. Forsyth Meigs, M. D., Isaac Parrish, M. D., David H. Tucker, M. D.

At the adjourned meeting held on Tuesday afternoon, January 30th, at 3½ o'clock, delegates were to be elected to the State Society, and to the National Medical Association, previously to which time, those gentlemen whose names were received at the meeting held December 18th, 1848, as constituent members, were requested to call on the Secretary and sign the constitution, which is essential to entitle them to full membership.

[We have not heard the result of this adjourned meeting, but will report the proceedings in our next number.—Eds.]

## RECORD OF MEDICAL SCIENCE.

## ANATOMY AND PHYSIOLOGY.

*On the Intestinal Mucous Membrane.* By Dr. HANDFIELD JONES.—The author directs attention to a layer of granular matter, enveloping nuclei, which lies immediately beneath the mucous membrane of the intestines, and in contact with the basement membrane. This granular layer or "*substratum*" of the mucous tissue, which is well seen in the colon, forms, together with the nuclei above mentioned, a great part of each villus, filling up the whole space between the limiting membrane, and the lacteal and capillary vessels. This substratum is the seat of the black discoloration, which is not uncommon in the intestinal mucous membrane; and is also the part principally affected in dysentery, in which it is often left bare by the disappearance of the mucous membrane, and is infiltrated by a plasma passing into imperfect cellular forms.

In the period of inactivity, the villi are semi-transparent; when absorption is going on, however, they are opaque from the presence of oily matter in the form of globules and granules of different sizes. The larger of these Dr. Jones believes to correspond with the absorbing cells described by Professor Goodsir, as formed during the process of absorption, and which are very inconstant in their number and size, being sometimes entirely absent in villi which are manifestly in a state of activity. The opacity caused by the absorption of the chyle may be also observed frequently to pervade the whole length of the villus, thus indicating that this function is carried on in every part, although probably more active, as described by Mr. Goodsir, at the summit. The active agents of absorption are believed by the author to be the nuclei distributed among the granular matter of the villus, and which, though obscured during the process by the presence of milky chyle are constantly visible in the inactive and semi-transparent villus. "It is well known now, that the formation of perfect cells is by no means to be regarded as essential to the exercise of the energy of nuclei, those fundamental and efficient parts of almost all cell formations. It is also known that the formation of perfect cells indicates a certain degree of permanence in the structure so formed, and that their contents are destined to be retained for a period, to undergo some elaborating change, not to be immediately yielded up; while, on the other hand, the non-completion of cells indicates that the process is of a rapid character, and not intended to produce any considerable change in the material acted on. Remembering these facts (of the general truth of which there cannot be much doubt,) it will be admitted, perhaps, as highly probable, that the nuclear corpuscles of the granular basis of the villi exert an attraction on the chyme by which they are surrounded, and draw it



continually into the substance of the villus, from whence it is rapidly conveyed away by the efferent lacteal."

The author agrees with Professor Weber, that the shedding of their epithelium is not *necessary* to enable the villi to perform their functions. He has seen the villi clad with their epithelium when the lacteals were filled with chyle; nevertheless it is certainly common to find them divested of this covering when absorption is most actively present. Dr. Jones corroborates the observation of M. Lacauchie, that the villi are subject to retraction and thickening, under the influence of circumstances which are not well understood, as they do not appear to be possessed of any contractile tissue as an element of their structure, and "the distension of their capillary plexus with blood would rather have a contrary effect." [We think, on the contrary, that this shortening and thickening of the villi is a very probable effect of vascular or any other distension.]

Dr. Jones has examined with great care the solitary and aggregated glands of the intestine in the human subject, as well as in the rabbit and dog. The patches, he considers, like most other anatomists, to be merely aggregations of solitary glands. The depressions in the aggregated glands do not correspond to any distinct open mouths of follicles, but seem to be produced by the absence of villi from those parts of the mucous surface. The structure of the solitary and aggregated glands is very similar; they are situated in the substratum, below the basement membrane, and covered by a plexus of capillary vessels. On making a vertical section of one of the solitary glands of the human intestine, it is seen by the microscope to consist of masses of nuclear granules, "which, for the most part, are solid, not including a distinct cavity, and not contained in any definite follicular envelope; they lie at various depths; the larger are in contact with the surface, the mucous membrane, with its rows of vertical follicles, having disappeared above them; the smaller lie unquestionably beneath the mucous surface, and I feel quite assured, have no orifice of communication by which their contents might escape into the intestinal cavity; even pretty strong pressure does not evacuate the contents of the smaller masses, while it sometimes produces this effect on the larger, which more closely adjoin the surface. The form of these masses varies a good deal; often they are considerably flattened, usually, however, more or less globular—their upper portion being always convex, and tending to approach the surface; when it reaches this, the mass appears to become more or less completely evacuated, and a shallow depression may then result; this, however, is but rarely seen. In the cæcum of the dog, the solitary glands are more or less prominent on the surface, and exhibit a very distinct appearance of a central orifice. When macerated in acetic acid, they appear as circular spots about the size of a large pin's head, rather flattened, and with perfectly defined margins. In vertical sections through the central orifice the mucous membrane is seen to dip down, and become gradually thinner; sometimes it appears to be perforated at the bottom of the depression; at others is continued plainly across.

The gland itself consists of a solid mass of nuclear corpuscles, with a little granular matter. It is contained in a kind of capsule, which seems to belong to the submucous tissue; at the bottom of the depression, the mass comes in contact with the thin mucous membrane, if it exists, or with the orifice, if it be absent; but can rarely be made to escape even by strong pressure. It does not appear that these glands can be regarded as true follicles, their capsule is not continuous with the basement membrane; their contents are not epithelial particles lining the wall, but a solid mass of nuclei; and, lastly, the existence of an orifice in them does not seem constant, whether evidence of it be sought for by minute examination, or by observing the effect of pressure upon their mass. In the rabbit the long and wide appendix cæci has its mucous lining greatly thickened by a layer of masses consisting of nuclear granules; these are of elongated conical form; their apices reach to the surface, and lie in fossulae formed by septal folds of mucous membrane; over their surface a capillary plexus is spread supplied by the long vessels which run up from below; they appear to be quite solid, and their apex is certainly not perforated, but in some instances appears to be invested by a distinct homogeneous membrane. In all these cases, it is worthy of remark that the masses of nuclear granules are affected in a peculiar manner by acetic acid; instead of rendering them transparent, it makes them much more opaque, so that their outlines become extremely distinct even to the naked eye. This circumstance, as well as the marked difference between their contents, and the epithelium of any glands or follicles, is very characteristic of them, and tends to prove that they are not mere follicular involutions of the mucous surface, but superadded structures designed for some special but unknown function."

The aggregated and solitary glands would thus appear to be, according to Dr. Jones' observations, an increased development in particular localities, of the nuclei and granular matter which he described as forming the general substratum of the mucous membrane. In the small intestine, where, he says, there are in health few or no *solitary* glands, such as exist in the colon, the bodies which in the diseased state are described as such are apparently adventitious structures, and are composed of nuclei and granules similar to those of the gland, but not inclosed in any capsule. The author believes these to be analogous to pimples of the skin, and, like them, capable of disappearing by absorption.—*Medical Gazette*, November 17, 1848.

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*On the two movements of the Brain,—the Respiratory and Arterial.*—There are two movements of the cerebral substance, the one which corresponds with the dilatation of the arteries, the other to the movements of respiration.

1. *Respiratory movement of the brain.*—The respiratory movement of the brain has been the subject of memoirs by Haller, and Lamare, &c.; the latter also observed a correspondence between these movements and the flux and reflux of the venous blood. During expiration, the



blood flows back from the superior vena cava into the cerebral sinuses, and the brain becomes distended. In inspiration, on the contrary, the blood retires from the brain into the jugulars, and the organ diminishes in bulk. M. Flourens has also investigated the subject, and finds that the blood, which, by its reflux distends the brain, is derived, not as the others suppose, from the jugulars, but from the two great vertebral sinuses.

2. *Arterial movements of the brain.*—In his work on the cerebro-spinal movements, M. Flourens performed his experiments on rabbits, the blood-vessels of which animal were too small to communicate a movement to the cerebral mass, and he accordingly denied its existence. When, however, he repeated his experiments on larger animals, as dogs, he perceived this class of movements to be indubitable.

Having trephined the frontal bone, without injuring the dura mater, he distinctly saw an alternate pulsation of the brain coincident with the systole and diastole of the blood-vessels. In the first dog he counted 68 movements of the brain in a minute, and 68 pulsations of the crural artery; the respiratory thoracic movements being only 24. In a second dog he saw 80 pulsations of the brain and crural artery, to 20 respiratory movements. In both there was a cerebral movement also in correspondence with the respiratory, being in the first dog 24 in number, in the second 20. Those movements were quite distinct from the arterial, and strictly proportionate to the intensity of the thoracic respirations.—*Prov. Med. and Surg. Jour. from Gaz. Med.*

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## CHEMISTRY.

*Cases of Recovery from Poisoning with Chloride of Zinc, and the suggestions of an antidote for this Poison.*—By T. STRATTON, M. D., Edinburgh. Surgeon, Royal Navy, Particular Service; Member of the Natural History Society.

When chloride of zinc is exhibited internally, its medicinal dose is from half a grain to two grains, two or three times a day. The following cases of swallowing in mistake, a quantity of a solution of chloride of zinc, lately occurred in Montreal.

CASE 1. In a house in Craig street, in which I had been residing, there was a quart bottle, suitably labelled, containing a weak solution of chloride of zinc. E. R., a servant girl, aged 17, supposing that the bottle contained whiskey, put its mouth to her lips and (Nov. 4, 1847) drank about a wine-glass full. She instantly knew she had made a mistake; she experienced pain and nausea, and had a quantity of milk given her; she vomited very freely. She felt indisposition and want of appetite for about three weeks after. She was not seen by any medical man, as shame prevented her from speaking of the occurrence till a month after, when I saw her. On the supposition that she drank two ounces of the solution, I have reason to think that she took twelve grains of chloride of zinc.

CASE 2. In May 4, 1848, J. C., aged 54, a porter, a stout healthy man, at noon took up a quart bottle, properly labelled, containing a dense solution of chloride of zinc, and supposing that it contained whiskey, he put it to his mouth and drank (as he afterwards told me, he supposed) about a wine-glass full. A large wine-glass contains two ounces and five drachms, and if we consider that he swallowed about two ounces of the solution, I have reason to think that he took four hundred grains of the chloride of zinc; but, from the nature of the liquid, it perhaps is unlikely that he took more than an ounce of the solution, or two hundred grains of chloride of zinc; from the size of the mouth of the bottle, it is not likely that he took less than this.

He instantly felt burning pain in the gullet, burning and griping pain in the stomach, great nausea, and a sense of coldness. In about two minutes he left the house, and vomited freely in the street for about fifty yards, till he came to a friend's house, where he lay down and continued to vomit, or endeavoured to do so. I was requested to see him, and I arrived about twenty minutes after; there was severe twisting and burning pain in the stomach; nausea and vomiting; cold-sweating; pulse 45, small, weak; his legs drawn up; anxiety and alarm. I instantly made a strong solution of home-made brown soap, and gave him a quantity of it. He vomited every two or three minutes, and in the intervals drank of the soap-suds, of which he had altogether three or four pints. He also had warm water. The matter vomited was quite free from odour, as I showed to Dr. Winder and Dr. Mount, who were present. He now felt much easier; there was not much stomach-pain, except on pressure; pulse 50; less coldness. I sent him home in a cab, in which he vomited at intervals all the way. I ordered twelve leeches to the epigastrium, and an ounce of olive-oil every hour.

Five P. M.—Has vomited several times after the olive-oil; pulse 60, natural fulness, soft, weak: tongue moist; no particular thirst. They could not procure leeches. A sinapism to the epigastrium. To take an ounce and a half of castor-oil now, and half an ounce of olive-oil every second hour.

May 5.—Slept a little; stomach is easier, still some heat and pain on pressure; he applied a second sinapism, which gave great relief; has vomited several times, soon after taking the olive-oil; tongue dry; thirst; one fœtid stool; pulse 72, soft. Repeated the castor-oil; continue the olive oil every four hours; linseed tea and water for drink; no food; a blister five inches square to the epigastrium. In the afternoon, he vomited four pieces, about three-quarters of an inch square, of a thin substance; they were not kept, but from the description they probably were eroded shreds of the mucous coat of the stomach.

May 6.—Blister rose well; no pain internally; tongue red on tip, brown on edges; pulse 80, small, soft, weak; thirst; two fœtid stools. No vomiting; discontinue the olive-oil; cold water only for drink; to take an ounce of castor-oil in the morning.

May 7.—got up: no pain on pressure over the abdomen; no vomit-



ing ; three fœtid stools ; some appetite ; pulse 60 ; tongue moist, white ; weakness.

May 10.—Appetite pretty good ; no uneasiness in the stomach. 12th : appetite improving. May 15 : appetite, digestion, and strength, are the same as usual. May 30 : he continues in perfect health.

On the first day, the patient was seen also by Drs. Winder, Mahony, Hall, and Mount ; and several times after by Dr. Winder.

REMARKS.—As the solution of the chloride of zinc was not made by myself, but supplied to me, I am not quite certain of its strength ; I have good reason, however, to think that its strength is what I have stated above. The first patient took some of a diluted solution, and it is worthy of notice that she suffered from anorexia, &c., for three weeks after ; while the second patient, who took a much larger dose, recovered his usual appetite in much less time ; probably from his having administered to him the proper antidote, while the other did not apply at all for advice.

As chloride of zinc has a great deodorizing power, I took the opportunity of observing, in the second case, that the matter vomited had no odour, which probably arose from chloride of zinc. I was careful to observe if the stools were fœtid, and their being so was perhaps some proof that none of the chloride had passed lower than the stomach.

ANTIDOTES.—Some time ago, on washing my hands with soap, after having had them in chloride of zinc solution, I observed that decomposition took place ; and I thought, in the event of any one swallowing in mistake, or otherwise, an overdose of the chloride, that either soap, or carbonate of potash, or carbonate of soda, would be the proper antidote.

To a clear solution of chloride of zinc, I added a clear solution of carbonate of soda ; carbonate of zinc was precipitated, and chloride of sodium, or common salt, remained in solution.

To a clear solution of chloride of zinc, I added a clear solution of carbonate of potash ; carbonate of zinc was precipitated, and muriate of potash remained in solution.

To a clear solution of chloride of zinc, I added a solution of soap ; the oil, or fat, in the soap, became free, and floated in the mixture in round and oval pieces ; carbonate of zinc was precipitated, and muriate of potash remained in solution.

With regard to the requisite *quantity* of the antidote :—as soon as an overdose of chloride of zinc enters the stomach, one of its first effects, fortunately, is an emetic one ; but perhaps cases will occur where, from an overloaded state of the stomach, or some other cause, vomiting will not have occurred by the time the physician reaches the patient ; in such cases, for a drachm of chloride of zinc, the proportional antidotal dose is either a drachm of the carbonate of soda, or a drachm and a half of carbonate of potash, or as much soap as contains the above quantities of soda or potash. (In soap there is generally from six to ten per cent. of either soda or potash.) In nearly all cases, it will probably be found, that vomiting will occur

immediately after taking the poison, so that much less than the above quantities of antidote will suffice. It is exceedingly convenient to possess an antidote in soap, which is always to be had in houses without delay. Even when soda or potash is at hand, as well as soap, the last seems preferable, as its oily part is useful either as an emetic, or to soothe the irritated or abraded mucous membrane. Castor-oil may be prescribed to carry off any of the chloride which may have passed the stomach. Olive-oil for a day or two, is soothing to the mucous lining of the œsophagus and stomach, and sinapisms or a blister to the epigastrium appear to be all that is required.

Chloride of zinc, in medicinal doses, is useful in chorea, neuralgia, epilepsy, &c. ; in surgical practice it is used as a caustic and escharotic, and applied externally in a weak solution, it possesses stimulant, alterative, and deodorizing powers over certain ulcers, where it has the great advantage over arsenical, mercurial, and lead preparations, of never giving rise to constitutional disorder from absorption. A peculiar solution of it (Sir William Burnett's Disinfecting Fluid) is largely used to preserve timber, canvass, and cordage, from decay, and to preserve anatomical preparations, and for its deodorizing and disinfecting properties, and for various other hygienic purposes ; and this solution, used in the manner directed, is perfectly innocuous.

I have looked into seven or eight of the latest works on *Materia Medica* and *Toxicology*, and have not found mention made of any antidote for chloride of zinc ; in one of these works, there is, in parallel columns, a list of poisons and their antidotes ; and that for chloride of zinc is left blank ; so that, as far as I know, I am the first who has pointed out, and who has used the proper antidote for this poison.—*Brit. Am. Jour. of Med. and Phys. Sci.*

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## PATHOLOGY AND PRACTICE OF MEDICINE.

*Intussusception into the Colon.*—At the Pathological Society of London, Dr. Hare exhibited a specimen of this disease. A child, four years old, before going to bed, complained somewhat of soreness about the anus. On examining it, a few thread-worms were seen, as had frequently been the case before. On the following morning he got up and played with some other children in the house till between ten and eleven o'clock, when he suddenly complained of great pain in the lower part of the abdomen, to which he pressed his hands. He said he wanted to go to stool, and went two or three times in the ensuing quarter of an hour, but did not pass anything ; his eyes looked wild ; the pain continued severe, and about eleven o'clock he vomited all he had taken during the morning. Every half hour or less he continued to go to stool, but fruitlessly, except that about one o'clock, and passed a small lump or two of fecal matter. The pain then for a while became apparently somewhat less than at first, and from about two till half past three p. m., he had some sleep.



At four p. m., he passed a clot of blood, and still continued to go to stool two or three times an hour, till a little after twelve on the Saturday. On many of those occasions he passed some pure dark-coloured blood, with a little slimy matter, the whole of which together, amounted, it was said, to eight or ten ounces. The pain in the abdomen remained intense; he would only stay for a very short time in any one position, resting most frequently doubled up on his hands and knees, so as to relax as much as possible the abdominal muscles. He drank a great deal, and with avidity, but always vomited soon after. On the Saturday afternoon he went much less frequently to stool, and on the Sunday only twice, but the other symptoms, the pain and vomiting, remained much as before, up to the time when first seen by Dr. Hare (Monday afternoon.)

He obtained but little relief from the treatment adopted, and gradually sank, and died.

The *abdomen* presented externally the same aspect as during life.

On opening it, the two transverse prominences between the ends of the sternum and umbilicus were found to be caused, the upper one by the stomach, whose larger curvature was tilted unusually forwards and upwards; the lower one by the *ascending* colon, which had become so displaced as to occupy nearly the position of the transverse colon, the caput coli being situated just above and but a very little to the right of the umbilicus. Both this portion of the colon and stomach were much distended with wind, as was also one coil of the small intestines. Scarcely any effusion into the peritoneum; no lymph; marked redness of most parts of the small intestines, especially where the different coils of them were in contact with each other. No redness of colon or of peritoneum covering the walls of abdomen. On examining the intestines it was discovered that there was a very considerable intussusception of ileum, and of the accompanying mesentery, through the ileo-cæcal valve into the colon, and that the appendix vermiformis was likewise carried through the valve; two of the mesenteric glands close to the point of strangulation of ileum were enlarged. When the cæcum was opened, the ileum was found to have protruded into it to the depth of three and a half inches, so that at least seven inches of the small intestines must have been forced through the valve.—*Dub. Med. Press.*

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*Localisation of Cutaneous Disease.* By DR. C. BARON, Jr., Physician of the Hospitals of Paris.—The anatomical classification proposed by M. Baron, and of which we will endeavour to give some idea, has the advantage on one hand of assisting the memory of the student, and on the other of leading the practitioner to a rational mode of treatment. Dr. B. forms ten distinct classes according to the anatomical element of cutaneous disease. The first comprises the disorders of the vascular system,—roseola, measles, scarlatina, erythema, &c. Their principal character consists in redness, and in many of them the presence of feverishness shows the participation of the general circulation in the disturbance of the capillary system

of the surface. In scarlatina, according to our author, it is the venous capillary net-work which is inflamed, or rather congested; the venous arterial and lymphatic elements are inflamed in erysipelas; a chronic inflammation of the superficial vascular layers constitutes pemphigus. Their preternatural development is observed in nævus, and if the deeper seated vessels are increased in size the disease acquires the nature of erectile tumours.

2. The papillæ are the organs of cutaneous sensation; their diseases will, therefore, be accompanied by increased or diminished local irritability, and the excessive pruritus of urticaria and prurigo, induce Dr. B. to class them amongst disorders of the papillary system. In elephantiasis sensation is at first deadened, and the papillæ hypertrophied.

3. Affections of the sudoriferous system are generally observed in young subjects. They are attended usually with feverishness, and either consist in augmented secretion, as in miliaria and sudamina, of inflammation of the sudoriferous organs and capillaries of the vicinity, or in the inflammation of their ducts as in herpes.

4. Maladies of the blennogenic system (secretion of epidermis) are habitually chronic and tenacious; almost in all cases the secretion of epidermis acquires an undue degree of activity; simple congestion constitutes pityriasis, inflammation, eczema, chronic inflammation, and slight induration, psoriasis; perversion of secretion, ichthyosis; increased abundance of secretion, and of hardness of epidermis, bunions, and corns.

The fifth class consists of perversion of functions of the chromatogenic apparatus. The sixth is one of the most important, comprising the maladies of the follicular system, *i. e.*, the varieties of acne and impetigo. The seventh class refers to diseases of the organs of secretion of hair, amongst which, to our surprise, we acknowledge, we find M. B. places lichen. The eighth class, which scarcely deserves that name, and might perhaps be blended in the fourth, is consecrated to diseases of the organs of secretion of nails. The ninth division has more extent and more importance. It is constituted by maladies of the fibro cellular texture of the dermis, such as ecthyma, rupia, variola, furunculus; and, finally, the tenth class characterized by the lesion of several anatomical elements of the skin in scabies.

The principle of the classification adopted by Dr. B. is undoubtedly a sound one, and we believe that it is open to fewer objections than the very numerous classifications of the same order of maladies; whilst on the other hand it possesses advantages of which they are deprived.

*Med. Times.*



## MATERIA MEDICA AND THERAPEUTICS.

*On the utility of Alkalies in the treatment of Rheumatism.* By J. I. FURNIVALL, M. D., *Holloway*.—Some remarks on the treatment of rheumatism by alkalies are published in *THE LANCET* of 25th November last. I have now, for nearly twenty years, been in the habit of treating rheumatism by means of alkalies, (the liquor potassæ, the carbonate, bicarbonate of potass or sodæ;) and as cases have multiplied in my practice during that long period, I have become more and more satisfied of their efficacy in preventing the supervention of heart disease; while as to their value in curing rheumatism, I beg to refer to reports published about a year ago, by Dr. Wright, of Birmingham.

I have seldom used them alone in severe and threatening cases, though Dr. Wright has done so with great success; but considering that the inflammation and pyrexia were the effects or concomitants of the peculiar state of the blood in rheumatic fever, to remove which state alkalies are recommended, I have combined with the alkalies various other remedies—colchicum, to remove pain and lower excitement, mercury sometimes, &c.

The results of my clinical observations have been these,—

First. That no case of supervening heart disease has ever occurred in my practice since I have administered alkalies in rheumatic cases; nor will they, in my opinion, if the concomitant inflammation and fever have at the same time been properly attended to.

Secondly. That many cases of rheumatic fever are on record which have been energetically treated by medical men of eminence, but without the use of alkalies, in which heart disease has ensued, and proved fatal.

Thirdly. That mercury and colchicum, separate or combined, and either or both pushed to their utmost extent, will not secure the patient from heart disease, without the addition of alkalies.

Permit me to refer to some observations which are published in *THE LANCET* of June 1st, 1844, page 304. and June 29th, 1844, page 450, and of March 31st, 1846, page 328, *et sequent*.

Now, seeing that heart disease is a dreadful affliction, (in the poor man overpoweringly so;) seeing that its supervention is not merely confined to acute cases of rheumatic fever, and that it may arise in all cases of rheumatism, even in those seemingly slight forms of chronic pains; and seeing that alkalies may easily be combined with other remedies in the treatment of rheumatism, I would again press on my medical brethren the necessity of prescribing alkalies in all cases of rheumatism.—*London Lancet*.

*On Collodion as a means of arresting Hæmorrhage from Leech-bites.*

To the Editor of the London Lancet.

SIR,—May I beg a place in your excellent journal for the accompanying letter, addressed to me by Mr. Tucker, as a report on the efficacy of collodion in a case of hæmorrhage from leech-bites. It

will be seen, on a perusal of the letter, that Mr. Tucker felt some difficulty in managing the compress, in consequence of its adhesion to his finger as well as to the wound, and as this difficulty may perchance be experienced by others, I beg to suggest that the compress should be covered by a little disc of thin paper as soon as applied, and that the latter should be pressed with the finger, or with any instrument calculated to make direct pressure, such as the head of a pencil or pencil-case. In this way, the possibility of adhesion between the application and the object making the pressure would be effectually obviated, and every purpose gained. I need hardly observe, that the adaptation of the collodion made by Mr. Tucker is not among the least valuable of its purposes. I have the honour to be, Sir, your obedient servant,

ERASMUS WILSON.

*Berners-street, December 2d, 1848.*

MY DEAR SIR,—When reading your article on the uses of collodion, in *THE LANCET* for November 18th, it struck me that the solution might be rendered available in hæmorrhages from leech-bites, (some of which, most medical men know, are difficult of arrest,) and I resolved to give it a trial. An opportunity occurred on the 30th of November. I called to see a young female, to whose temples I had ordered four leeches on the previous night, and found blood escaping then very freely, a period of twelve hours from their application; the countenance was blanched, and my patient expressed herself as being faint. On removing from the forehead the napkin, which was completely saturated, blood trickled copiously down the cheeks from one orifice, apparently from the wounding of a small branch of the temporal artery.

My patient residing close to your residence, I thought I would avail myself of your opinion as to the efficacy of collodion in this case, and was pleased with finding that you did not consider this simple affair unworthy your notice, and with your readiness to furnish me with the remedy. I will now state the result.

As you advised, I took with my forceps some of the flocculent portion of the lint dipped in the collodion, applied it to the orifice, and pressed it with my finger. The blood continued to flow, as I had not placed the finger exactly on the orifice. The second trial was more successful: I allowed the finger to remain till I supposed the lint had adhered: on attempting to remove my finger cautiously, I found it a fixture, but with the point of the forceps I separated the fibres of the lint from it; blood still continued to flow, but in a less degree, from the lowest point. Without removing the first, I applied a second piece of lint, dipped in the solution as before, which soon became adherent, and stopped the bleeding; in another moment I found blood oozing from above; another similar application arrested it. I then, as you advised, with a camel-hair pencil, applied the collodion freely around the edges, and over the whole applications. I saw my patient in the evening, no blood had escaped, nor did she complain of any pain or undue pressure.

I prefer this mode of arresting hæmorrhages from leech-bites to



any I have ever tried ; and as I have witnessed a case of death in a child from the bite of a single leech, and have heard of others, I attach much importance to the use of collodion in such hæmorrhages. I am confident my patient must have lost sixteen ounces of blood.—  
Truly yours,

J. H. TUCKER.

To Erasmus Wilson, Esq.

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*On the action of Proto-sulphate of iron in the treatment of Chancre, Gonorrhœa, &c.*—The whole class of caustic agents, when applied to the Hunterian chancre, (though the *potassa fusa cum calce* be used, till the ulcer be “punched out” as recommended by M. Ricord,) form an eschar with pus still secreting ; in fact, the morbid cells have not been destroyed. The alkaloids and hydro-carbons are equally inefficacious.

If a chancre be perfectly freed from its eschar and the enclosed pus, at the bottom of the excavation may be observed minute white points or germs, secreting, slowly, the morbid virus. If, now, the proto-sulphate of iron, minutely pulverized, be dropped into this excavation, the parts will instantly assume a charred appearance, the metal is absorbed into the tissue, the morbid cells or germs will instantly cease to secrete pus, the cleared cavity will shortly granulate, and a smooth surface, without induration, will be the result of the use of the proto-sulphate of iron. The chancre is destroyed.

It is known to chemists, that the proto-sulphate of iron absorbs large volumes of oxygen and nitrous oxide gases.

The proto-sulphate of iron, I have observed to be the most powerful agent for arresting decomposition in animal and vegetable substances. Inflammation and decomposition in the living tissue is likewise arrested by it.

In gonorrhœa, we have now an agent arresting the morbid cellular action in the salts which should be used in solution super-saturated.

In leucorrhœa, and in simple ulcers, the morbid action is arrested or peroxidized by this metallic salt.

Large doses of this salt have been exhibited in obstinate diarrhœa, with great benefit.

The action of this salt will produce a great change in superseding mercury in the treatment of diseases of specific origin. CHEMICUS.

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*New Vehicle for holding Camphor in Solution.*—Sir James Murray proposes a new vehicle for holding camphor in solution, which may be exhibited in doses considerably greater, and with less irritation, than it has hitherto been given. It was known that camphor is insoluble in water and that when given in almond emulsion it very readily separates on the addition of water, and that the same separation takes place on adding water to a solution of camphor in spirits of wine. Now Sir James Murray has found that the fluid magnesia was capable of dissolving camphor to the extent of three grains to the ounce of the solution, and that adding water to the mixture did not cause any cloudiness or separation of the camphor. An ounce

of this solution contains three grains of camphor, which appears perfectly clear, like water; and if anything is added to the solution capable of withdrawing a portion of the water, such as dry common salt, a rough estimate may be formed of the quantity of camphor which it contains. To employ camphor as a sedative, it must be given in large doses; but it is also necessary to have it perfectly dissolved. It is obvious, then, that given for this purpose, it would not do to employ the camphorated spirit; nor will the solution in emulsion be any better, as it readily separates from it in the stomach. We have therefore, he observes, a menstruum in the fluid magnesia, which answers better than any method hitherto known.—*Monthly Journal*.

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### SURGERY.

*Chloroform in Traumatic Tetanus.*—A student of medicine at Columbia, Tenn., writing to a friend in this city, says: "A young physician in this town, about a year since, gave chloroform to a person previously to extracting a tooth, and, for some reason, very alarming symptoms followed. Since that time it was not used here until the day before yesterday, when on consultation, finding it highly recommended in Prof. Yandell's introductory lecture, it was determined to give it in a case of traumatic tetanus. Large doses of opium, and other antispasmodics had been previously tried without effect. The experiment was witnessed by most of the physicians in Columbia, and painful apprehensions were felt for the result. Under the influence of the anæsthetic the patient fell into an easy and refreshing slumber, a pleasant smile resting upon his countenance which before was haggard. His muscles relaxed; his mouth was easily opened; his pulse improved; the spasms ceased. When he awoke, the tetanic symptoms returned, but not with the same violence. It was administered a second time after an interval of several hours, but did not entirely overcome the muscular contractions. It was not afterwards repeated, and the patient eventually died."—*Western Journal*.

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*Application of the Subcutaneous section to the treatment of Lipoma.*—M. Bonnet treats fatty tumours upon the above plan with success. He first introduces a sharp-pointed tenotomy knife under the tumour, and then with a probe-pointed bistoury divides the tumour upwards towards the skin, so as to reduce it to several lobules; he then squeezes the tumour so as to extravasate the fatty matter, and leaves it to be removed by absorption. This operation is repeated several times, according to the size of the tumour. No injurious effects have followed in the cases which he reports, but the results have been so favourable that he is induced to prefer the operation to the methods in general use.—*Pro. Med. and Surg. Jour.*, from *Bulletin de Therapeutique*.



*Medullary Sarcoma in an Infant.*—M. Blaine narrates the case of an infant, aged nine months, who became the subject of this formidable disease. When two months old, a lump, the size of a pea was observed at the inner part of the right thigh; six weeks after a second tumour appeared in the corresponding groin, and the two coalesced; two months after the disease also showed itself in the right shoulder. At the present time the tumour extends completely across the pelvis, involving the right thigh and buttock, the scrotum and penis. It is tense, elastic, and lobulated; numerous blood vessels ramify upon its surface. The orifice of the urethra is marked by a slight puckering of the integuments, and the urine is voided with pain and difficulty.—*Med. Times.*

[The fearful extent and appearance of the disease is well represented in a wood-cut. The infant was alive at the time of the report, but was threatened with speedy dissolution.]

*Successful amputation of the Thigh at the Hip-Joint.*—M. Guersant operated, on the 28th December, 1847, for a cancerous affection of the femur by disarticulation at the hip-joint. The child, aged 5, was very much reduced. He was put under the influence of chloroform—insensibility was complete in two minutes. The operation lasted only two minutes. When the ligature was being placed on the vessels the child became pale, a little foam came from the mouth, the eyes were turned up, and the pulse at the wrist disappeared. This state of syncope was dissipated by means of active ventilation, and the introduction of a few spoonfuls of wine into the stomach—and the child began to cry, much to the relief of the surgeon. Twenty two days after the operation the child was as well as possible.—*Prov. Med. Surg. Jour. from Journ de Méd et de Chir.,* Feb. 1848.

*New mode of dilating Strictures of the Urethra.*—M. Amussat, in a case of stricture which resisted all treatment, and beyond which ordinary instruments could not be passed, finally succeeded in introducing a very fine bougie of half a millimeter, (the millimeter is equal to 1-26th of an inch English,) and, using this as a conductor, on the following days introduced alongside of this successively several others, to the number of six. Between these urine passed. They were left in for several days, being occasionally withdrawn and re-introduced in a bunch, passing as easily as a single bougie of the same size would. The stricture was now readily dilated with ordinary instruments and the cure rapidly effected. The advantage of this method is, that when once we can introduce an instrument, however small, there is no liability to failure in introducing the bougie a second time if once withdrawn, or in attempting to pass a larger one. Whatever is gained is maintained, and the first introduced serves as a guide to other instruments of the same size. The dilatation can thus be readily accomplished, and the urine passing between the small bougies, they can be retained several days without inconvenience.—*Ibid from Ibid.*

*Resection of the Scapula.*—W. —, aged 32, was admitted into King's College Hospital, January 13th, 1847. He had suffered from disease of the right shoulder-joint for seven years, when the extremity was amputated at the articulation, at Fort Pitt Hospital, and a part of the glenoid cavity was at the same time removed. He recovered, but became the subject of abscess on the front of the chest about twelve months afterwards. On admission into King's College Hospital, the whole shoulder was enlarged, and the soft tissues hypertrophied; a great many fistulous openings existed in the pectoral region, and over the clavicle, which discharged copiously. Having determined on the propriety of removing the scapula entire, Mr. Fergusson proceeded to operate on the 6th of Feb., 1847. The patient was put under the influence of æther, and the clavicle was first exposed, and divided about two inches from its acromial extremity, with a saw, another incision extended along the spine of the scapula; and a third in the course of the old cicatrix. Some further dissection, and a division of the attaching muscles, enabled the operator to complete the excision, the subclavian artery being the while compressed over the first rib. The axillary and other arteries were tied, and the wound was closed with stitches. The patient's recovery was satisfactory, and unattended by anything deserving particular notice. On May 5th he was sent into the country, and a recent account reports him to be well and fat, though still occasionally troubled with small abscesses on the breast. After maceration, the bone exhibited a hypertrophied condition; the remaining portion of the glenoid cavity was carious, and its margin was surrounded by a mass of new ossific matter.—*Prov. Med. and Surg. Journ.*

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*Reduction of Incarcerated Hernia.* By M. AMUSSAT.—The method adopted by M. A. which has often succeeded in causing reduction of incarcerated hernia, when other measures had failed, is the following: A board being first placed under the pelvis, in order to give a solid fulcrum to the efforts of the surgeon, both hands are applied to the tumour, exercising a moderate degree of pressure upon it; this pressure is gradually increased, by the super-position of the hands of the assistants over those of the operator. Thus the efforts can be uninterruptedly continued for a considerable length of time without fatigue to the surgeon, and often with the most satisfactory results.—*London Med. Times from Revue Med.*

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#### OBSTETRICS.

*Cauterization of Cancerous Degeneration of the Os Uteri by the Red Hot Iron.*—By M. MALGAIGNE and M. JOBERT.—Several cases have been observed in M. Jobert's clinique, where this practice, in cases where the cancerous disease had not far advanced, was attended with the most beneficial results. The progress of the disease has been stopped, and the painful feelings of the patient have been dis-



pelled for a time. Other cases of a similar description, and with similar results, have been lately observed among the patients of M. Malgaigne.—*Monthly Journal, from Gazette des Hôpitaux.*

*Arthritis in connexion with Uterine Diseases.* By M. MALGAINE. —Although it is extremely difficult, or altogether impossible, to explain theoretically the connexion between inflammation of the male urethra and inflammation in remote joints, yet nothing is better proved by observation than the fact of this connexion. So also arthritis, most frequently seated in the knee, is a consequence or concomitant of disease of the uterus. Most authors have looked upon the occurrence of such disease, along with disease of the uterus, as a mere casualty, but M. Malgaigne believes otherwise. At the Hôpital St. Louis he has observed two cases of this description, both of which recovered, after the ordinary treatment for rheumatic arthritis.—*Ibid from Ibid.*

*Rupture of an Unimpregnated Uterus, from a Collection of Pus in its Cavity.* By Dr. Guzzo of Naples.—A woman, æt. thirty-four, liable from puberty to uterine pains and irregularities, married, but childless, came under Dr. Guzzo's care in June 1837, when he found the uterus as enlarged as at the fifth month of pregnancy, and a twelve-month after it nearly had reached the umbilicus, occasional colourless discharges being observed. She continued to live until 1841, the tumefaction still increasing, when, after the use of a purgative, peritonitis was induced, and in a few hours she died. A large quantity of pus was found in the abdomen, and the uterus adhered to its parieties from the pubis to the umbilicus, filling up the iliac and hypochondriac regions, and was covered by the omentum. The cavity of the womb contained an enormous quantity of inodorous white pus, various irregular hypertrophic formations being developed on its inner surface. Its walls were thickened, and contained in their substance tubercular masses, varying in size from an olive to a walnut, some being crude, and others suppurating. Some of these tubercular abscesses were just on the point of opening into the cavity of the uterus, and a rupture had taken place at the posterior surface of the organ. *Brit. and For. Med. Chir. Review, from Archives Gen.*

*Prolapsus of the Umbilical Cord*—Is either produced by too great distension of the uterus from liquor amnii, or from the lower portions of the uterus not contracting sufficiently about the child.

Preserve the membranes unruptured as long as possible; so long as this is the case, the cord is in little danger.

If the passages be well dilated, and the pains active, you may venture to deliver with the forceps; if not, you must turn the child. Some have succeeded in carrying up the cord upon their hand, and hanging it on some part of the child, and then allowing the head to descend.

Where the cord is without pulsation and flaccid, there will be no need of interfering.—*Dr. Rigby's Obstetric Memoranda.*